

# Protect, Heal, Thrive

## Lessons Learned from the Defending Childhood Demonstration Program

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## Abstract

In order to address the high prevalence of children's exposure to violence, eight sites around the country were selected by the Department of Justice for the *Defending Childhood Demonstration Program*. This national initiative aims: 1) to prevent children's exposure to violence; 2) to mitigate the negative impact of such exposure when it does occur; and 3) to develop knowledge and spread awareness about children's exposure to violence, both within and beyond the chosen pilot sites.

The eight demonstration sites were tasked with developing and implementing comprehensive strategies that could include both universal and targeted prevention programs; case management and treatment interventions for children who had been exposed to violence; community awareness and education; and professional training designed to increase the knowledge of children's exposure to violence, trauma-informed care, and the use of proven evidence-based or promising treatment practices.

Part of the evaluation of the *Defending Childhood Demonstration Program*, this report is a cross-site synthesis of implementation strategies, lessons learned, and promising practices in six of the eight sites: Boston, MA; Chippewa Cree Tribe, Rocky Boy's Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Rosebud Sioux Tribe, SD; and Shelby County, TN.

This mixed-method study included three primary data collection methods: 1) multiple site visits involving interviews with key stakeholders and observations of meetings or events at each site; 2) quarterly site implementation reports tracking quantitative program outputs; and 3) document review of important planning documents, program records, and other materials.

The *Defending Childhood* sites made decisions about their strategies using their own needs assessments; discussions among their collaborative bodies; and informal evaluations of implementation feasibility. Program models vary greatly by site; however, general themes and lessons emerged as all of the sites worked to tackle children's exposure to violence.

Based on the identified findings and lessons, this report provides 58 distinct recommendations, which sub-divide into recommendations for: (1) other jurisdictions, (2) tribal sites, (3) funders, (4) technical assistance providers, and (5) evaluators who may be studying similar initiatives.

## Acknowledgements

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## Executive Summary

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The United States Department of Justice launched *the Defending Childhood Initiative* in 2010. This national initiative aims: 1) to prevent children's exposure to violence; 2) to mitigate the negative impact of such exposure when it does occur; and 3) to develop knowledge and spread awareness about the problem and about effective strategies to ameliorate its attendant harms.

A major component of the *Defending Childhood Initiative* is the *Defending Childhood Demonstration Program*. With this program, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office of Violence Against Women (OVW) provided funding to eight sites around the country to implement prevention programs; case management and treatment/healing interventions for children who had been exposed to violence; community awareness and education campaigns; and professional training designed to increase knowledge of children's exposure to violence, trauma-informed care, and the use of proven evidence-based or promising treatment practices. In an approximately seven-month planning phase that began soon after October 2010, the eight sites each established collaborative bodies composed of a wide array of public and private agencies; conducted a local needs assessment; and developed a strategic plan. A subsequent implementation phase began October 2011 and will continue for at least five years through September 2016, with funding for some sites extending beyond that time.

### About the Multisite Evaluation

In October 2010, the National Institute of Justice funded the Center for Court Innovation to evaluate both the planning and implementation phases of the demonstration program. A previous report identified and explored cross-site themes and lessons from the initial needs assessment and strategic planning process in all eight sites.<sup>1</sup> The current report provides a multisite synthesis of findings, lessons, and recommendations based on the first three years of implementation (October 2011 through September 2014) at six of these sites: Boston, MA; Chippewa Cree Tribe, Rocky Boy's Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Rosebud Sioux Tribe, SD; and Shelby County, TN. The Center for Court Innovation was not funded to study implementation in the two remaining sites, which are Portland, ME and Multnomah County, OR.

In conjunction with this report, separate process evaluations of each of the six sites have also been released. Those evaluations provide details on the local context and strategies implemented in each site. Findings were based on: 1) multiple site visits featuring in-depth interviews with staff and stakeholders and observations of meetings or events; 2) quarterly site implementation reports tracking quantitative program outputs; and 3) document review of planning documents, program records, and other materials. Later in 2015, a single outcome evaluation on the same six sites will be released.

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<sup>1</sup> Swaner R and Kohn J. (2011) *The U.S. Attorney General's Defending Childhood Initiative: Formative Evaluation of the Phase I Demonstration Program*. New York, NY: Center for Court Innovation. Available at [http://www.courtinnovation.org/sites/default/files/documents/Defending\\_Childhood\\_Initiative.pdf](http://www.courtinnovation.org/sites/default/files/documents/Defending_Childhood_Initiative.pdf).

## The Interplay of Local Context and Choice of Strategies

Each of the six *Defending Childhood* sites had a distinctive social, historical, and demographic context that, along with the prevalence of different types of violence, influenced their choice of strategies. Three sites were located in major metropolitan areas, Boston, Cuyahoga County (including Cleveland), and Shelby County (including Memphis); one site featured both a small city and a rural surrounding area (Grand Forks); and two sites were set on sprawling Native American reservations (Rocky Boy's and the Rosebud Sioux reservations). Programmatic activities to address violence included:

- **Place-Based Strategies:** Both Boston and Shelby County adopted a place-based approach, concentrating many (although not all) of their strategies in select high risk/high need areas. In Boston, targeting was generally at the neighborhood level, whereas in Shelby, a significant portion of funding was used to provide three apartment complexes with a variety of new services and resources.
- **County-Wide Systems Change:** In Cuyahoga, significant resources were applied to county-wide policy and infrastructure changes—epitomized by the establishment of a county-wide Central Intake and Assessment system to identify, refer, screen, assess, and treat children who are exposed to violence. Cuyahoga could not have taken this approach without a rich history of interagency collaboration, which facilitated buy-in to new policies, protocols and evidence-based and promising practices among service providers. (A prior history of collaboration was a key facilitator in other sites as well.)
- **Bullying and Primary Prevention:** Grand Forks sees relatively modest levels of community violence. Planners determined that bullying, teen dating violence, and related socio-emotional violence comprised an important problem. Thus, Grand Forks opted to blanket elementary, middle, and high schools throughout the county, as well as select preschools, with evidence-based and promising prevention programs promoting healthy relationships. In promoting school-based prevention, Grand Forks benefited from a close and willing partner in the Grand Forks Public Schools administration and from recent state legislation in North Dakota that required new anti-bullying policies.
- **Culturally-Specific, Community-Validated Strategies:** The Rocky Boy's and Rosebud Sioux initiatives sought to engage their communities and address the needs of children and families through traditional methods, formalized based on local knowledge and local expertise, passed down over generations. The tribal sites exemplify the interweaving of culture into site-specific responses to violence.
- **Multi-Media Community Awareness Campaigns:** All six sites tended to adopt a county-wide (or city- or reservation-wide) scale for their community awareness activities, often incorporating multi-media strategies, such as web sites, Twitter and Facebook postings, public transportation ads, flyers, and even a youth-created fictional web series (in the Boston site). Here, too, context mattered: for instance, given the intense focus on sports in Grand Forks, community awareness messages were often concentrated in sports venues and had sports themes.

## Multisite Themes

There were various overarching themes that emerged related to the different strategies sites chose.

### *Prevention Programs*

- Universal Prevention: Some sites used universal prevention strategies (not targeted to a specific high-risk area or subgroup). The Rocky Boy's and Rosebud Sioux initiatives focused on reconnecting youth to tribal culture as a form of prevention, holding events and activities that incorporated Native American traditions and culture as a protective factor. Grand Forks provided a county-wide school-based prevention model focused on bullying and healthy relationships. Lessons from these efforts include: 1) Efforts must be made to balance multi-year exposure with program fidelity (a desire not to repeat the same curricula topics imparted the prior year while also not making excessive changes to proven curricular materials); 2) Program managers must ensure that students do not receive conflicting messages (from different prevention programs); and 3) It is important to focus on both negative (e.g., anti-bullying) and positive (e.g., healthy friendships) messages.
- Targeted Prevention: Some sites created targeted prevention programs, administered to young people who were considered "at-risk" for violence exposure due to living in neighborhoods with high levels of violence. Boston and Cuyahoga County implemented evidence-based or promising programs for families that sought to build parental nurturing and positive parenting skills. Shelby County supported an existing program that provided support services and training to managers at targeted apartment complexes, focusing on reducing crime and ensuring residents' safety. Boston and Grand Forks administered the Coaching Boys into Men program, where athletic coaches educate their players about relationship abuse, harassment, and sexual assault. Shelby County also trained athletic coaches on this curriculum. The numbers served by these programs were limited, however.

### *Intervention with Children Exposed to Violence*

- Screening and Assessment: Screening refers to how children are identified for potential treatment and healing programs. It is typically a brief process, designed to determine the need for further assessment and possible services, whereas assessment yields a more comprehensive understanding of trauma symptomology. Cuyahoga County was particularly notable for developing an ambitious universal screening, assessment, and treatment matching model. This system—which included a county-wide Central Intake and Assessment process—moved all children who screened for being exposed to violence from initial referral and screening (with a universal and newly created trauma tool) to full assessment and finally to treatment at partner agencies that were trained in and prepared to use evidence-based or promising practices. Lessons learned from this model related to: 1) determining a suitable screening threshold (to balance identifying most of those who need treatment with avoiding an excessive expenditure of in-depth assessment resources

where trauma is not likely to be present); 2) selecting appropriate screening agencies and locations; and 3) having consistent training and booster training efforts to ensure that staff turnover does not adversely affect implementation.

- **Treatment and Healing:** The two tribal sites incorporated traditional healing ceremonies (sweat lodges, prayer, and smudging) as well as referrals to providers that offered counseling or addiction treatment. The most common therapeutic intervention across the non-tribal sites was the evidence-based Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The sites also implemented other interventions, many of which were evidence-based or promising. The resources commitment associated with ensuring adequate and continuous training for clinical providers emerged as a lesson for future implementation: programs will spend a significant amount of “upfront” time training staff on evidence-based and promising treatments, but if positions are grant-funded for a finite period of time, those who are trained may look for other positions that have more job security. This staff turnover may lead to gaps in service capacity, but will also require programs to have to reallocate other monies in order to train new staff.
- **Case Management and Advocacy:** Three sites—the Chippewa Cree Tribe of Rocky Boy’s Reservation, the Rosebud Sioux Tribe, and Shelby County—had case management and advocacy as major strategic components. Advocacy involved outreach to individuals in need with the aim of providing *non-therapeutic* forms of assistance and linkages to therapeutic clinical services where appropriate. Advocacy also involved advising and supporting individuals in legal proceedings. The two tribal sites determined that advocacy represented the greatest need in their communities. Shelby County implemented a place-based approach by concentrating case management staff in housing complexes where residents often required basic advice and services other than therapeutic treatment.

### ***Community and Professional Awareness and Education***

- **Community Awareness:** All sites created awareness about the existence of their *Defending Childhood Initiative* and had a website or social media presence. Some sites had campaigns designed to generate discussion about the topic of violence exposure. One unique example is Boston’s production of *The Halls*, an eight-part web series depicting the (fictional) lives of three young men of color in a local high school. One lesson learned from the sites was that it can be challenging to implement community awareness campaigns in rural areas, where dissemination of information is very difficult, especially during wintertime when snowstorms render certain areas inaccessible. Another lesson is that, in an age where social media outlets such as Facebook, Twitter, YouTube—the primary mediums of communication for today’s youth—require real-time postings and interactions, the federal approval process for all materials and postings was extremely frustrating and limiting.
- **Professional Training:** All sites offered training to local professionals, including social workers, child care workers, educators, health staff, attorneys, faith/traditional leaders, and law enforcement officials. Training time ranged from a few hours to a full day and varied in topic. Boston committed to 18-month learning communities, which trained



fewer people but focused on long-term, high-quality implementation of evidence-based treatments. High staff turnover rates at social service agencies proved to be a challenge at most sites; the effectiveness of training efforts was diminished as participants left for other jobs.

### ***Interagency Collaboration***

- **Collaborative Bodies:** All sites convened a collaborative body, which most commonly included law enforcement, social service agencies, community organizations, public health agencies, community leaders, and local school districts. Sites also incorporated the voices of youth and parents. Major themes related to the advantages of prior relationships amongst individuals and agencies, coupled with some “collaboration fatigue” in sites with multiple overlapping initiatives and regular meetings.
- **System Infrastructure and Capacity Building:** Cuyahoga County’s universal screening, assessment, and treatment matching system, noted above, is a compelling example of a site taking steps to change the way that multiple agencies address children’s exposure to violence. Other examples include the Rosebud Sioux’s proposed revisions of tribal legislation around protecting children and Shelby County’s new shared data management system.

### ***Other Themes***

- **Tribal Sites and Tradition:** The tribal sites were similar in their commitment to tradition as a protective factor and the infusion of this philosophy into all of their efforts. For example, the Rosebud Sioux incorporated the Lakota way of life and the Lakota mental health model into their services and the Rocky Boy’s advocates were trained in traditional forms of healing.
- **Special Needs of Rural Sites:** Three of the sites included rural areas. Stakeholders at rural sites felt that they were left out of a national dialogue on violence, which primarily focused on urban areas. Rural sites also faced unique logistical challenges in raising community awareness and simply reaching people. One of the technical assistance providers suggested a need for more intensive technical assistance in rural areas.
- **Local Politics:** Local politics can be a barrier or facilitator. Turnover in political leadership created challenges at sites that had strong commitments from previous leaders and required efforts to bring new leaders on board. These issues arose at both tribal and non-tribal sites.
- **Silos:** Sites were tasked with addressing all types of children’s exposure to violence in conjunction, rather than focusing on one type. This led stakeholders to work across sectors and form relationships between organizations across disciplines. However, some funder decisions—such as OVW’s requirement to spend money specifically on domestic violence direct service programming—counter-productively led to the rebuilding of silos, as sites that had planned to distribute funding to programs that bridged all types of

violence (and maybe did not focus on direct services) had to redirect funds to domestic violence.

- **Managing Transitions:** Several major transitions occurred that impacted the sites. First, the technical assistance provider during the initial strategic planning phase was replaced with a different provider for the implementation phase. New relationships therefore had to be built, and prior decisions had to be conveyed to the new technical assistance provider. (Otherwise, multiple sites reported positive experiences in working with the technical assistance provider during implementation.) Second, the implementation funding period was changed multiple times, from three to two years; back to three years; and then to five or six years. These changes influenced implementation decisions, timelines, and the scope of adopted strategies. Third, an OJJDP reorganization led to the assignment of new grant managers partway through implementation. Managing transitions is an important consideration for future large-scale, federally-funded initiatives.

## **Recommendations**

The 58 recommendations listed here were developed through interviews with staff and stakeholders at each site, the technical assistance providers, and some OJJDP grant managers. The recommendations also reflect independent observations and conclusions of the research team. Chapter 3 of the full report provides greater discussion of the rationale for each recommendation.

### ***For Jurisdictions Interested in Replication***

These recommendations are divided into three major sections: 1) planning; 2) implementation; and 3) sustainability.

- **Planning:**
  1. Consider where to anchor your initiative (e.g., an important city or county office or a community-based agency).
  2. Carefully weigh the benefits and drawbacks of geographic (place-based) targeting.
  3. When possible, use consensus to make decisions. When stakeholders feel like they have been able to voice their opinions as part of the process and can see how a decision is made, they are more likely to accept programmatic decisions that may not have been their ideas or may not provide funding to their organization.
  4. Use a consultant early on to drive the planning and early implementation processes. Hiring an external consultant—especially one with strategic planning experience—to facilitate meetings and synthesize action steps can help move the initiative along early in the process.
  5. Involve researchers early (e.g., to promote data-driven decision-making).
  6. Fully understand overlapping initiatives and consider folding a new initiative into established collaborative bodies in order to prevent collaborative and evaluation fatigue.

7. Budget for an administrative assistant who can work on the various reporting requirements for funders, evaluators, and technical assistance teams.
  8. Create a classification system to organize types of programming (e.g., such as: screening and assessment; case management and advocacy; treatment and healing; prevention; community awareness; professional training; and systems infrastructure/capacity building) to help facilitate strategic decision making about resource allocation.
  9. Plan for sustainability early on, as considering how to sustain staffing and services beyond the length of immediate funding can often inform choice of strategies and programs.
- Implementation:
    10. Offer home-based services to overcome transportation obstacles (especially in rural areas).
    11. Look for unique ways to leverage existing resources to disseminate information about an initiative.
    12. Focus on positive friendships, healthy relationships, and building resiliency.
    13. Beware of mission creep (e.g., providing social services and assistance that extend beyond children's exposure to violence to families with multiple needs).
  - Sustainability:
    14. For smaller communities, consider focusing on prevention in schools (e.g., as in Grand Forks), where teachers can be trained to continue programming after initial grant funding ends.
    15. Prepare for unintended consequences such as a long-term increase in service utilization due to increased awareness.
    16. Promote institutional adoption of best practices (e.g., changing clinical practice throughout target agencies rather than one-off trainings for specific individuals).
    17. Focus on systems change (e.g., as in Cuyahoga County).

### ***For Tribal Communities***

The tribal site staff, tribal technical assistance providers, grant managers, and others were asked about their recommendations for other Native American and Alaskan Native communities seeking to address children's exposure to violence. The following are their recommendations:

1. Have faith: Have faith that what you do will help people, despite the challenges of working on children's exposure to violence.
2. Work together and take care of each other: Team members should be proactive in supporting each other and draw on each other's skillsets. Self-care is important, especially for frontline staff working directly with victims.
3. Adopt a strengths-based approach: This approach draws on such as building on the roles of elders, focusing on relationship structures, and connecting to tradition, nature, and spirituality.

4. Consider local politics: Changes in political leadership can impact support for long-term projects. Working with grant managers and ensuring appropriate qualified individuals fill key positions for effectively implementing chosen strategies is important.
5. Streamline processes: Tribal communities should reflect on how to constructively address the need to ensure continued political support and staff for long-term projects. Streamlining processes and ensuring accountability are important considerations.

### ***For Funders***

Funders, especially federal funders, face challenges ensuring that large initiatives meet their goals while remaining flexible in working with individual sites. These recommendations aim to help funders accomplish their goals—and to help sites to implement their strategies with greater ease.

- Communicate clear and realistic expectations: Funders should strive to:
  1. Make goals specific and achievable.
  2. Be realistic about impact.
  3. Evaluate outcomes and impact only after sites have had sufficient time to implement chosen strategies.
- Fund for a longer timeline: Local implementation often runs into challenges. Funders should incorporate this knowledge into the structure of new grant programs. Specifically, funders should:
  4. Allow time for recruitment of high quality staff.
  5. Allow time for impact, acknowledging that sites need time to build the necessary infrastructure to implement programming successfully.
- Incorporate certain structural requirements into the original request for proposal: Common issues emerged across sites that could have been addressed in the original RFP. In the future, funders should:
  6. Ensure that sites budget for an administrative assistant.
  7. Ensure that sites budget for a local research partner.
  8. Ensure that original RFP fully discloses different funding sources and the programmatic requirements of each source.
- Improve internal and external coordination: Site staff and stakeholders interact with grant managers, technical assistance providers, researchers, and each other. Improving coordination would facilitate knowledge sharing and reduce duplicative efforts. Funders should:
  9. As much as possible, minimize the number of grant manager and technical assistance provider transitions.
  10. Improve coordination among key partners.
  11. Connect new sites with original demonstration sites.

- Hasten approval process for public messaging: Federal approval processes for publications, conferences, trainings, and other products restricted many of the sites and delayed their trainings and awareness campaigns. Given this, funders should:
  12. Set realistic and reasonable timeframes for approval.
  13. Create a policy for social media that gives sites flexibility to tweet or post about events without seeking prior approval.
- Allow for more flexibility: In certain areas, greater flexibility would create opportunities for testing new ideas. Funders might consider whether it is possible to:
  14. Allow grant funds to be used for food to increase attendance rates at events.
  15. Encourage research partners to incorporate non-western research practices (e.g., storytelling, case studies) where appropriate.
  16. Support both evidence-based and non-evidence-based programming (e.g., the latter where potentially innovative, yet under-evaluated, strategies are available).
- Understand tribal communities: The inclusion of tribal sites provides for great opportunities but also unique challenges.
  17. Understand that the spending processes may be more complex for tribal sites.
  18. Given high unemployment rates, grant-funded positions can become a contested political issue.
  19. Provide support for evaluation and technical assistance work with tribal communities in order to facilitate discussion of best practices and alternative research designs.

### ***For Technical Assistance Providers***

In general, the sites had positive impressions of their technical assistance (TA) providers; the tribal sites found the inclusion of a tribal TA provider valuable. TA providers working with similar initiatives might consider these recommendations.

1. Help sites understand relevant laws: Sites do not necessarily have the time or ability to gain an in-depth understanding of federal laws (e.g., the Affordable Care Act, the Health Insurance Portability and Accountability Act) that impact their work.
2. Focus on the science of implementation: Moving initiatives from paper to reality can be challenging and TA providers can facilitate this and provide “on the ground” assistance.
3. Provide onsite technical assistance: Frequent visits with constructive goals can provide an opportunity to cater TA efforts to each site’s specific needs.
4. Be mindful of differences between urban and rural populations. Considering the unique challenges of rural areas can ensure that staff and stakeholders at these sites do not feel as though they are left out of the conversation.
5. Work with a native TA provider. TA providers should partner with a native-run organization that can provide culturally-appropriate assistance to tribal sites.
6. Provide webcasts. TA providers should live stream or archive videos of meeting speakers for greater reach to program staff.
7. Host podcasts that highlight unique strategies.

8. Reduce the number of meetings as time goes on. Once sites have been up and running for multiple years, consider holding meetings on an ad-hoc basis.
9. Provide both proactive and reactive technical assistance. TA providers should react to the needs of the sites as they work to implement their strategies, but should also work to identify trends and missing knowledge and to plan for emerging issues.

### ***For Researchers and Evaluators***

Evaluating a national multisite initiative can be challenging. The following recommendations emerged for future large-scale evaluations.

1. Develop local knowledge. Strong relationships and familiarity with the work that is implemented are important for successful evaluation.
2. As much as possible, streamline reports. To ensure that sites are not duplicating efforts, researchers should consider the grant reporting requirements and how to best to work with them.
3. Give back. Researchers that take data and information from sites should look for opportunities to assist them by helping to design local evaluations, presenting research findings, or sharing data with local researchers.
4. Ask the sites for their input. And then ask again. Sites should be involved at multiple stages of the evaluation.
5. Conduct a process evaluation. A process evaluation can provide valuable implementation lessons, especially when an outcome evaluation is not practical.
6. Employ a mixed-methods study. Evaluations must use a combination of quantitative and qualitative data in order to fully understand the effects programs have had on communities.
7. Embrace non-western approaches to working with tribal sites. Tribal sites may be particularly receptive to research when evaluators demonstrate flexibility in their methods.
8. Be mindful. Evaluation reports can have positive and negative impacts on sites and their ability to sustain their work. Outcome and impact evaluations, although ideal, should only be done for sites that are ready to be evaluated. Process evaluations are important, and need to be candid about barriers and shortcomings; yet, humility on the part of evaluators is also important in acknowledging the daunting challenge of successfully implementing numerous strategies, involving multiple agencies and individuals, to address a serious social problem.

# Chapter 1

## Introduction

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### **About the *Defending Childhood Initiative***

A 2009 national survey found that 60 percent of American children have been exposed to violence, crime, or abuse in their homes, schools, or communities—and that 40 percent were direct victims of two or more violent acts.<sup>2</sup> In an effort to address children’s exposure to violence, the United States Department of Justice (DOJ), under the leadership of former Attorney General Eric Holder, launched the *Defending Childhood Initiative*. This national initiative aims: 1) to prevent children’s exposure to violence; 2) to mitigate the negative impact of such exposure when it does occur; and 3) to develop knowledge and spread awareness about children’s exposure to violence. The motto of the initiative is “Protect, Heal, Thrive.”

A major component of this initiative is the *Defending Childhood Demonstration Program*, where the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office of Violence Against Women (OVW) provided funding to eight sites around the country to address children’s exposure to violence through prevention; intervention and treatment; community awareness and education; and professional training. Besides the multisite demonstration program, other components of the larger *Defending Childhood Initiative*, which are outside the scope of the current evaluation, include the Task Force on Children’s Exposure to Violence<sup>3</sup> and the Task Force on American Indian and Alaskan Native Children Exposed to Violence.<sup>4</sup>

The National Institute of Justice (NIJ) funded the Center for Court Innovation to conduct the evaluation of the demonstration program, and OJJDP funded Futures Without Violence, a national non-profit organization focused on ending domestic and sexual violence, to serve as the technical assistance provider. This report is a cross-site synthesis of findings, lessons learned, and promising practices from six of the eight demonstration program sites, based on implementation activities from October 2011 through September 2014. Separate in-depth process evaluations of each of the six sites have also been completed.<sup>5</sup> These site-specific reports provide details on the social and historical context and implementation experiences at each site. Later in 2015, a single outcome evaluation spanning all six sites will be released as well.<sup>6</sup>

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<sup>2</sup> Office of Juvenile Justice and Delinquency Prevention. (2009) Children’s Exposure to Violence: A Comprehensive National Survey. Available at <https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf>. Last retrieved 12/1/14.

<sup>3</sup> The full report of this task force can be found here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>.

<sup>4</sup> The full report of the American Indian and Alaskan Native Task Force can be found here:

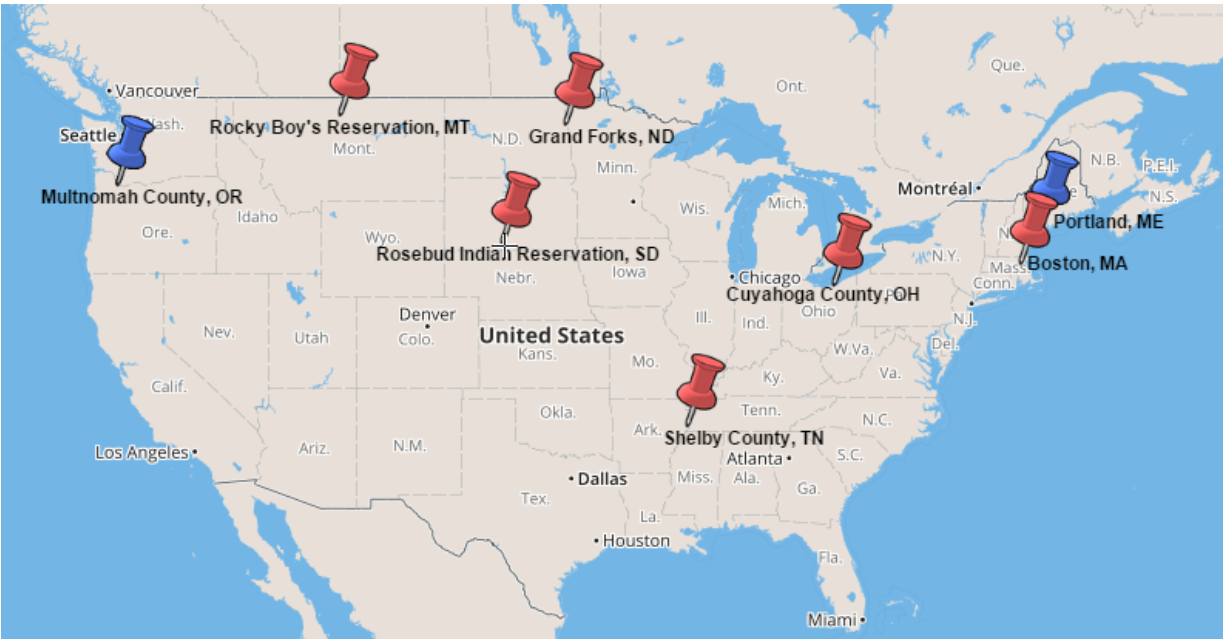
<http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf>.

<sup>5</sup> The six process evaluation reports can be found at <http://www.courtinnovation.org/>.

<sup>6</sup> Whereas the current research focuses on the implementation of chosen strategies, a previous report issued in 2011 explored and identified cross-site themes and lessons from the initial strategic planning process. See Swaner R and Kohn J. (2011) *The U.S. Attorney General’s Defending Childhood Initiative: Formative Evaluation of the Phase I Demonstration Program*. New York, NY: Center for Court Innovation. Available at [http://www.courtinnovation.org/sites/default/files/documents/Defending\\_Childhood\\_Initiative.pdf](http://www.courtinnovation.org/sites/default/files/documents/Defending_Childhood_Initiative.pdf).

## Demonstration Program Sites

The eight *Defending Childhood Demonstration Program* sites are: Boston, MA; Chippewa Cree Tribe, Rocky Boy's Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Multnomah County, OR; Portland, ME; Rosebud Sioux Tribe, SD; and Shelby County, TN (see Figure 1).



**Figure 1. *Defending Childhood Initiative Sites* (only red markers are part of this evaluation)**

These sites created broad, multi-disciplinary partnerships that implemented a wide range of responses, spanning prevention, intervention/treatment programs, community awareness, professional training, and system infrastructure. Phase I was initiated in October 2010, when OJJDP and OVW awarded each site over \$150,000 to conduct a needs assessment and strategic planning process for addressing children's exposure to violence. Phase II of the initiative started in October 2011 and focused on implementation. Table 1.1 (next page) shows the funding amounts awarded to each site.

Because the Portland, ME and Multnomah County, OR sites received a lower amount of funding at the start of Phase II, they were not able to fully implement the original strategic plans that they developed during Phase I. Because of this, NIJ decided that the Center for Court Innovation should concentrate their evaluation on the six sites that received at least \$1 million; therefore, Portland, ME and Multnomah County, OR are not included in this cross-site report.



**Table 1.1 Defending Childhood Grant Funding**

Grantee	Phase I	Phase II		Phase III	Total
	Oct 2010 – Sep 2011	Oct 2011 – Sep 2013	Oct 2013 – Sep 2014	Oct 2014	
Boston, MA	\$160,000	\$2 million	\$610,000	\$612,260	\$3,382,260
Grand Forks, ND	\$159,967	\$2 million	\$610,000	\$612,260	\$3,382,227
Shelby County, TN	\$159,099	\$2 million	\$610,000	\$612,260	\$3,381,359
Cuyahoga County, OH	\$157,873	\$2 million	\$610,000	\$612,260	\$3,380,133
Portland, ME	\$160,000	\$500,000	\$610,000	\$612,260	\$1,882,260
Multnomah County, OR	\$159,349	\$500,000	\$610,000	\$612,261	\$1,881,610
Rocky Boy’s Reservation, MT	\$153,210	\$1 million	\$360,000	\$300,000	\$1,813,210
Rosebud Sioux Tribe, SD	\$159,534	\$1 million	\$360,000	\$300,000	\$1,819,534

## The Harms of Children’s Exposure to Violence

Childhood exposure to violence in the United States is a persistent problem. In the United States, a recent survey found that more than 60% of children nationwide were exposed to violence within the past year, either directly or indirectly.<sup>7</sup> Children’s exposure to violence generally transcends socioeconomic status, community, race, and education. Children are exposed to violence in different parts of their lives: at school, at home, and in their communities.

*Community violence.* Research with seventh- to twelfth-graders found that 12% had someone pull a knife or gun on them, 5% had been cut or stabbed, and 1% saw someone get shot.<sup>8</sup> A study in Chicago found that, of 10-19 year-olds, 39% had witnessed a shooting, 11% had been shot at, and 3% had been shot.<sup>9</sup> Children living rural areas are also exposed to community violence; research shows that that 61% of children in rural areas report witnessing at least one violent act in their community in their lifetime.<sup>10</sup> Exposure to trauma is also prevalent among Native American youth. An average of 4.1 lifetime trauma experiences were found among a sample of 89 Native American youth, with the trauma events most commonly being a threat of injury and witnessing injury.<sup>11</sup>

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<sup>7</sup> Office of Juvenile Justice and Delinquency Prevention. (2009) Children’s Exposure to Violence: A Comprehensive National Survey. Office of Juvenile Justice and Delinquency Prevention. Available at: <http://www.ojp.usdoj.gov/ojjdp>.

<sup>8</sup> Guterman NB, Hahm HC, & Cameron M. (2002) “Adolescent victimization and subsequent use of mental health counseling services.” *Journal of Adolescent Health*, 30:336-345.

<sup>9</sup> Bell CC and Jenkins EJ. (1993) “Community violence and children on Chicago’s south-side.” *Psychiatry*, 56:46-54.

<sup>10</sup> Luthar SS and Goldstein A. (2004) “Moderators of Children’s Exposure to Community Violence.” *Journal of Clinical Child and Adolescent Psychology*, 33:499-505.

<sup>11</sup> Deters PB, Novins DK, Fickenscher A, and Beals J. (2006) “Trauma and posttraumatic stress disorder symptomatology: Patterns among American Indian adolescents in substance abuse treatment.” *American Journal of Orthopsychiatry*, 76(3):335-345.

School violence. School violence may include incidents of bullying, threats, carrying a weapon to school, homicide, spree shootings, and fatalities.<sup>12</sup> Results from the CDC's 2013 National Youth Risk Behavior Survey (YRBS) indicate that 7.1% of students nationally did not go to school because of safety concerns.<sup>13</sup> In 2000, a total of 128,000 students between the ages of 12 and 18 were victims of violent crimes at school, such as rape and assault, and almost 10% of students in grades nine through twelve stated that they had been threatened or injured by a weapon on school property.<sup>14</sup> One study found that almost 30% of sixth- through tenth-graders had moderate or frequent involvement in bullying, with 13% being the bully, 11% being bullied, and 6% both.<sup>15</sup> The YRBS also found that 15% of students nationally reported being electronically bullied and 20% reported being bullied on school property, in the last 12 months. Studies have also found that dating violence is prevalent among students. According to the 2013 YRBS, 10% of students in grades nine through twelve had experienced physical dating violence within the past 12 months. Another 10% of students had been kissed, touched, or forced to have sexual intercourse by a dating partner when they did not want to at some time.

Violence at home. The United Nations Population Division found that from 133 to 275 million children across the globe are exposed specifically to domestic violence, including an estimated 2.7 million children in the United States.<sup>16</sup> It is the most common and earliest trauma that children experience, occurring within their own homes and is often perpetrated by a parent or caregiver. In 2013, the national rate of child fatalities due to abuse or neglect was 2.04 deaths per 100,000 children.<sup>17</sup> Other research has further determined that more than half of the domestic violence victims were from a racial or ethnic minority group, although additional analyses indicated that living in poverty, rather than race or ethnicity per se, was the more important factor. Findings indicated that children were present in almost half (44%) of the domestic violence incidents that involved police, with the majority of the children (58%) younger than six years old. The majority of children that were present during the incidents saw and heard the violence (60%), 18% only heard the violence, and 5% only saw the violence.<sup>18</sup> Of those surveyed in the 2011 National Survey of Children's Exposure to Violence, 1 in 10 (10%) suffered from child maltreatment (including physical and emotional abuse, neglect, or a family abduction), 8% had witnessed a family assault, and 6% had witnessed a parent assault another parent (or parental partner) in the last year.<sup>19</sup>

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<sup>12</sup> Flannery DJ, Wester KL, and Singer MI. (2004) "Impact of exposure to violence in school on child and adolescent mental health and behavior." *Journal of Community Psychology*, 32(5): 59-573.

<sup>13</sup> Center for Disease Control. (2013) "Youth Risk Behavior Surveillance—United States, 2013." *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 63:1-168.

<sup>14</sup> Department of Education, 2002; Flannery et al., 2004.

<sup>15</sup> Nansel TR, Overpeck M, Pilla RS, Ruan WJ, Simons-Morton B, and Scheidt P. (2001) "Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment." *Journal of the American Medical Association*, 25:2094-2100.

<sup>16</sup> UNICEF. (2006) *Behind Closed Doors: The Impact of Domestic Violence on Children*. London: UNICEF and The Body Shop International Plc. Available at <http://www.unicef.org/protection/files/BehindClosedDoors.pdf>, last accessed December 5, 2014.

<sup>17</sup> US Department of Health & Human Services. *Child Maltreatment 2002*. Washington, DC: US Department of Health & Human Services, Administration on Children, Youth and Families.

<sup>18</sup> Fantuzzo JW and Fusco RA. (2007) "Children's direct exposure to types of domestic violence crime: A population-based investigation." *Journal of Family Violence*, 22(7):543-552.

<sup>19</sup> Finkelhor D, Turner H, Shattuck A, and Hamby SL. (2013) "Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update." *Journal of American Medical Association Pediatrics*, 167(7):614-621.

*Suicide.* The Centers for Disease Control and Prevention define suicide as “when people direct violence at themselves with the intent to end their lives,” and that risk factors include family history of violence and alcohol or drug abuse.<sup>20</sup> A 2012 report stated that suicide is the second leading cause of death among American Indian/Alaskan Native youth aged 10 to 34, and that in 2009 the rate of suicide among American Indian/Alaskan Native youth aged 10 to 18 years was 10.37 per 100,000, compared with an overall U.S. rate of 3.95 per 100,000.<sup>21</sup> On the two tribal reservations included in this report, exposure to suicide—be it suicide ideation of the individual youth, or having had a friend or family member commit suicide—is considered exposure to violence.

### ***Impact of Exposure to Violence on Children***

Experts agree on the detrimental effects of children’s exposure to violence on a child’s emotional, psychological, and physical development. Children can experience post-traumatic stress disorder (PTSD), desensitization to violence, and hyper-arousal.<sup>22</sup> Children can also be at an increased risk for substance abuse, externalized behavior problems such as aggression, and internalized problems such as depression, anxiety, and suicidal ideation.<sup>23</sup> Exposure to violence may decrease empathy and pro-violence attitudes, heightening the cycle of violence once the children become adults.<sup>24</sup>

Exposure to community or school violence specifically has been shown to be associated with both externalizing behavior problems, such as antisocial behavior and aggression, and internalizing problems, such as depression, suicidal ideation, and anxiety.<sup>25</sup> Exposure to domestic violence can also produce feelings of guilt, anger, and self-blame.<sup>26</sup> The children may rationalize the aggressor’s (e.g., their father’s) behavior, which may lead, later, to rationalizing their own abusive behaviors in intimate relationships.<sup>27</sup> Furthermore, children may feel they need

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<sup>20</sup> Centers for Disease Control and Prevention. (2014) Understanding Suicide: Fact Sheet 2014. Available at [http://www.cdc.gov/violenceprevention/pdf/suicide\\_factsheet-a.pdf](http://www.cdc.gov/violenceprevention/pdf/suicide_factsheet-a.pdf). Last retrieved 3/31/15.

<sup>21</sup> Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012) 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Available at <http://www.ncbi.nlm.nih.gov/books/NBK109917/>, retrieved 8/14/14.

<sup>22</sup> Lynch M. (2006) “Children exposed to community violence.” In MM Feerick & GB Silverman (Eds.), *Children exposed to violence* (pp. 29-52). Baltimore, MD: Paul H. Brookes Publishing Co.

<sup>23</sup> See A) Lynch M and Cicchetti D. (1998) “An ecological-transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children’s symptomatology.” *Development and Psychopathology*, 10:235-257; B) Fehon D, Grilo C, and Lipschitz D. (2001) “Correlates of community violence exposure in hospitalized adolescents.” *Comprehensive Psychiatry*, 42:283-290.

<sup>24</sup> Anderson CA. (2004) “An update on the effects of playing violent video games.” *Journal of Adolescence*, 27:113-122.

<sup>25</sup> Campbell SB. (1995) “Behavior Problems in Preschool Children: A Review of Recent Research.” *Journal of Child Psychology and Psychiatry*, 36:113-149.

<sup>26</sup> Moylan CA, Herrenkohl TI, Sousa C, Tajima EA, Herrenkohl RC, and Russo MJ. (2010) “The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems.” *Journal of Family Violence*, 25:53-63.

<sup>27</sup> Cunningham A and Baker L. (2004) “*What about me! Seeking to understand a child’s view of violence in the family.*” Centre for Children & Families in the Justice System. London, ON: London Family Court Clinic Inc.

to take on certain roles to mediate, protect, or save the family.<sup>28</sup> These roles can put them under extreme stress, adversely affecting numerous aspects of their lives. Research has found that, of the young children and their parents who were identified in communities as in need of intervention due to exposure to family or community violence, one quarter of the children and nearly half of their parents evidenced clinical levels of stress, suggesting the need to intervene at the family level as well as the individual level.<sup>29</sup> Children's exposure to maternal domestic violence (i.e. when their mother is victim) has also been shown to be associated with academic problems and health concerns.<sup>30</sup>

Community violence is often connected to community level risk factors such as high unemployment, poverty, decreased levels of community participation, poor housing conditions, and limited service access and provision.<sup>31</sup> However, communities may also exhibit protective factors, including positive social norms, high levels of social cohesion, rewards for pro-social community involvement, or a stable economy.<sup>32</sup> These protective factors are particularly important when considering indigenous communities.

Different systems have attempted to create effective interventions to decrease the prevalence of exposure and to minimize its negative impact. Promising approaches include therapeutic interventions, psycho-educational and supportive group interventions, and advocacy interventions.<sup>33</sup> Although some programs have featured collaboration across systems, such as shelters, courts, police, healthcare, and child welfare, research on the effectiveness of these multi-system approaches has been minimal.

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<sup>28</sup> Goldblatt H and Eisikovits Z. (2005) "Role taking of youths in a family context: Adolescents exposed to interparental violence." *American Journal of Orthopsychiatry*, 75(4):644-657.

<sup>29</sup> Kaufman JS, Ortega S, Schewe PA, Kracke K, and the Safe Start Demonstration Project Communities. (2011) "Characteristics of Young Children Exposed to Violence: The Safe Start Demonstration Project." *Journal of Interpersonal Violence*, 26(10):2042-2072. Safe Start was a previous Department of Justice initiative to address the impact of family and community violence on young children (primarily from birth to age 6) and their families. For more information, see <http://www.ojjdp.gov/programs/ProgSummary.asp?pi=15#Overview>. Last accessed 4/23/15.

<sup>30</sup> Kernic MA, Holt VL, Wolf ME, McKnight B, Huebner CE, and Rivara FP. (2002) "Academic and School Health Issues among Children Exposed to Maternal Intimate Partner Abuse." *Archives of Pediatric and Adolescent Medicine*, 156:549-555.

<sup>31</sup> See, for example, A) American Psychological Association Task Force on Socioeconomic Status. (2006) *Report of the APA Task Force on Socioeconomic Status; Department of Health and Human Services*; B) Office of the Surgeon General (US). (2001) *Youth violence: A report of the Surgeon General*; C) Resnick MD, Ireland M, and Borowsky I. (2004) "Youth violence perpetration: What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health." *Journal of Adolescent Health*, 35:424-434; D) World Health Organization. (2002) *World report on violence and health*. Geneva: World Health Organization.

<sup>32</sup> See: A) Arthur MW, Hawkins JD, Pollard JA, Catalano RF, and Baglioni AJ Jr. (2002) "Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors. The Communities That Care Survey." *Evaluation Review*, 26:575-601; B) Hawkins JD, Van Horn ML, and Arthur MW. (2004) "Community variation in risk and protective factors and substance use outcomes." *Prevention Science*, 5:213-220; C) Kegler MC, Oman RF, Vesely SK, McLeroy KR, Aspy CB, Rodine S, et al. (2005) "Relationships among youth assets and neighborhood and community resources." *Health Education and Behavior*, 32:380-397.

<sup>33</sup> Groves BM and Gewirtz A. (2006) "Interventions and promising approaches for children exposed to domestic violence." In MM Feerick & GB Silverman (Eds.), *Children exposed to violence* (pp. 107-133). Baltimore, MD: Paul H. Brookes Publishing Co.

## Social Context and Current Needs at the Demonstration Program Sites

### *Baseline Prevalence: Community Survey Results*

As part of the outcome evaluation of the *Defending Childhood Demonstration Program*, the Center for Court Innovation conducted telephone surveys of adults in five of the evaluation sites. While the full description of the methods and results of these surveys will be reported in the forthcoming outcome evaluation report, a summary of the key baseline results across all sites is included here.<sup>34</sup>

Survey administration for Boston, Cuyahoga County, and Grand Forks County was conducted in November and December of 2011. The final count of completed surveys was 1,001 in Boston, 1,200 in Cuyahoga County, and 801 in Grand Forks. The survey was completed separately for the Rocky Boy's and Rosebud Sioux reservations and was conducted in May and June of 2012. The final count of completed surveys was 211 at Rocky Boy and 692 at Rosebud. The total sample was 3,905 respondents.

Respondents were asked about their own exposure to violence as adults as well as children's exposure to violence. About 58% of respondents reported either witnessing violence or being a direct victim. Those witnessing violence represented a greater proportion than those who were direct victims, with about half reporting having witnessed violence and about 20% reporting having been a direct victim. The most common exposure was seeing someone else being threatened with physical harm.

Parents and caregivers of children under 18 who were living in the home were asked additional questions. If they had more than one child, respondents were asked to indicate whether *any* of their children had been exposed to various types of violence. These respondents reported that 65% of children had been exposed to violence, either through direct victimization or through witnessing violence.

Table 1.2 provides more details on the results by site. Though levels of violence exposure were high across all locations, it is worth noting the much higher levels in the two tribal sites.

### *Community Strengths at the Demonstration Program Sites*

The *Defending Childhood Demonstration Program* sites have many strengths and resources. Some locations, like Cuyahoga and Shelby counties, had previous initiatives that brought major health, early childhood, law enforcement, and social service agencies together to collaborate around issues affecting children and youth. This history of cross-agency relationships helped set the stage for a new collaboration to address children's exposure to violence. Other sites, such as

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<sup>34</sup> The community survey was developed to evaluate change in community awareness about violence and available local resources to address it, as well as levels of self-reported victimization. It was a random digit dial telephone survey of the full city, county, or reservation for each site. Because Shelby County chose a place-based strategy that concentrated their efforts in three apartment complexes in Memphis, a random digit dial survey of the whole county was not an appropriate method for capturing levels of awareness. Therefore, Shelby County was excluded from the community survey.

Boston and the Rocky Boy’s initiative, had support from major political actors such as the mayor or the tribal council. One site, Grand Forks, had a strong relationship with the local school districts, making it an ideal location for extensive primary prevention programming. Another site, the Rosebud Sioux tribe, had a strong commitment to using traditional culture as a form of violence prevention. Table 1.3 highlights some of the strengths for each site.

**Table 1.2 Baseline Community Survey Results**

Site	Urban/Rural	Baseline Survey Results Summary*
Boston, MA	Urban	<ul style="list-style-type: none"> <li>• Big problems: violent crime, gang violence, and bullying</li> <li>• 53% of adults exposed to violence in the past year</li> <li>• 54% of parents of children under 18 said their children had been exposed to violence in the past year</li> </ul>
Cuyahoga County, OH	Urban	<ul style="list-style-type: none"> <li>• Big problems: violent crime, gang violence, and child abuse/neglect</li> <li>• 52% of adults exposed to violence in the past year</li> <li>• 62% of parents of children under 18 said their children had been exposed to violence in the past year</li> </ul>
Grand Forks, ND	Both	<ul style="list-style-type: none"> <li>• Big problems: bullying, relationship violence, and child abuse/neglect</li> <li>• 41% of adults exposed to violence in the past year</li> <li>• 61% of parents of children under 18 said their children had been exposed to violence in the past year</li> </ul>
Rocky Boy’s Reservation, MT	Rural	<ul style="list-style-type: none"> <li>• Big problems: gang violence, violent crime, and relationship violence</li> <li>• 87% of adults exposed to violence in the past year</li> <li>• 84% of parents of children under 18 said their children had been exposed to violence in the past year</li> </ul>
Rosebud Sioux Tribe, SD	Rural	<ul style="list-style-type: none"> <li>• Big problems: gang violence, violent crime, and relationship violence</li> <li>• 88% of adults exposed to violence in the past year</li> <li>• 76% said their children had been exposed to violence in the past year</li> </ul>

\* Exposure to violence includes both direct victimization and witnessing violence.

**Table 1.3 Community Strengths**

<b>Site</b>	<b>Strengths</b>
Boston, MA	<ul style="list-style-type: none"><li>• Resource rich environment with many local organizations working on children’s exposure to violence issues</li><li>• History of cross-agency collaboration</li><li>• Political will</li></ul>
Cuyahoga County, OH	<ul style="list-style-type: none"><li>• Strong history of children’s exposure to violence related programs</li><li>• History of cross-agency collaboration</li><li>• Strong local research capacity</li></ul>
Grand Forks, ND	<ul style="list-style-type: none"><li>• Strong relationships with local schools</li></ul>
Rocky Boy’s Reservation, MT	<ul style="list-style-type: none"><li>• Strong commitment to tribal tradition and culture as protective factors</li><li>• Consistent support of Tribal Council and local agencies</li><li>• History of cross-agency collaboration</li></ul>
Rosebud Sioux Tribe, SD	<ul style="list-style-type: none"><li>• Strong commitment to tribal tradition and culture as protective factors</li></ul>
Shelby County, TN	<ul style="list-style-type: none"><li>• History of cross-agency collaboration</li><li>• Strong local research capacity</li></ul>

## **Process Evaluation Methodology**

A full process evaluation was conducted for each site. The process evaluations provided rich accounts of the strategies that were undertaken; a separate report for each site has been written in conjunction with this synthetic report. Each report provides details on local context; structure, scope, and staffing of the initiative; the program model; implementation; barriers and facilitators to implementation; and sustainability of the initiative after federal funding ends.

The process evaluations were mixed-method studies that included three primary data collection methods: 1) site visits to interview key stakeholders and program administrators, and, in some cases, to observe collaborative meetings or community events; 2) quarterly site implementation reports that kept track of quantitative outputs of the program; and 3) document review of important program records and materials. For the purposes of this umbrella report, additional interviews were conducted with other relevant stakeholders, including grant managers and technical assistance providers. Early on in the project, all stakeholders—at the demonstration program sites, OJJDP, NIJ, and Futures Without Violence—received an opportunity to help shape the outline of the process evaluation reports. Additionally, sites were able to read their respective process evaluation reports to provide feedback before they were finalized.

### ***Site Visits***

As part of the process evaluations, the evaluation team conducted at least two site visits to the six *Defending Childhood Demonstration Program* sites. During these 2-3 day visits, key informant interviews were conducted with members of the local *Defending Childhood*

collaboratives, as well as with *Defending Childhood* program administrators and staff members. In some cases, interviews or focus groups were also conducted with community members who received services or who participated in programming. Interviews were conducted in face-to-face meetings and lasted 30 minutes to an hour. Interviews were not digitally recorded but detailed notes were taken. The site visit schedule can be found in Table 1.4.

**Table 1.4 Evaluation Site Visits**

Site	Dates of 1 <sup>st</sup> Visit	Dates of 2 <sup>nd</sup> Visit	Dates of 3 <sup>rd</sup> Visit
Boston, MA	10/22/12-10/23/12	2/26/14-2/28/14	
Cuyahoga County, OH	10/8/12-10/9/12	5/20/14-5/21/14	
Grand Forks, ND	11/8/12-11/9/12	5/8/14-5/9/14	
Rocky Boy’s Reservation, MT	5/2/13-5/3/13	6/2/14-6/3/14	
Rosebud Sioux, SD	5/9/12-5/10/12	12/17/12-12/18-12	5/12/14-5/13/14
Shelby County, TN	9/23/12-9/24/12	10/18/13-10/20/13	4/16/14-4/17/14

The interviews included questions about site-level strategies and implementation successes and challenges. All interviews collected basic information about respondent agency affiliation, job responsibilities, role/responsibilities within the initiative, and experience with addressing children’s exposure to violence. The interview protocol is included in Appendix B. Questions covered several broad categories, including:

- Initiative Management and Oversight: Core management team, collaborative body, governance board.
- Program Infrastructure: Number of staff members, staff credentials, staff turnover, organizational structure, relationships between key public health and law enforcement agencies.
- Program Model: Detailed description of chosen strategies and activities to address children’s exposure to violence.
- Obstacles and Facilitators to Program Implementation: barriers encountered while trying to implement the chosen models, if and how those barriers were overcome, external catalysts that quickened the pace of implementation or made programming successful.
- Environmental Factors: Political, legislative, community events, and other violence prevention and/or police initiatives that may be positively or negatively affecting the potential impact of the program.
- Technical Assistance: Types of assistance requested from Futures Without Violence.
- Sustainability: Plans for continued programming after grant funding ends, other available resources to sustain programs.

A total of 153 interviews with 145 *Defending Childhood* stakeholders were conducted across the sites. In addition, in one site, Shelby County, three focus groups were conducted with 14 female program participants.



Some site visits were scheduled specifically to allow the research team to observe particular events. Researchers observed four collaborative meetings, three community awareness events, two tribal council meetings, and one full day of professional training. In addition, the research team participated in a sexual assault awareness walk on Rocky Boy's Reservation.

### ***Quarterly Implementation Reports***

The sites implemented work across seven major domains: 1) prevention; 2) screening and assessment; 3) case management and advocacy, 4) treatment, healing, and direct intervention services; 5) community awareness and education; 6) professional training; and 7) systems change and capacity building. A standard quarterly implementation report was developed to capture quantitative information about the programming, including information on reach (e.g., how many people participated in a training) and dose (e.g., how many hours of training people received).

Appendix C includes a blank copy of the quarterly implementation report, which includes the following sections:

- Collaborative body and subcommittee meetings
- Professional trainings
- Community awareness events
- Publications and other printed materials
- Direct services and screening
- Policies, protocols, and procedures

For each of these domains, sites recorded for each activity the date, time, target audience, attendance, and a brief description of the event. Additional space allowed sites to discuss site-specific activities that did not fall under other categories.

These Excel spreadsheet reports were filled out by *Defending Childhood* program managers and submitted quarterly to the research team. For each year of the project, sites submitted the reports in January, April, July and October for the previous quarter. Twelve reports were collected from each site covering the time period of October 1, 2011 through September 30, 2014.

### ***Document Review***

Research staff reviewed all planning documents including strategic plans, reports, protocols, screening and assessment tools, training curricula and summaries, prevention program curricula, provider checklists, flyers, brochures, pamphlets, presentations, and meeting agendas and minutes. *Defending Childhood* program managers submitted these documents quarterly with their implementation reports, and researchers also collected documents during their site visits.

### ***Cross-Site Synthesis Interviews***

Additional interviews were conducted with members of the Futures Without Violence technical assistance team and OJJDP grant managers. Specifically, a group interview was held with four members of the Futures Without Violence technical assistance team, and individual interviews were conducted with two OJJDP grant managers and one technical assistance subcontractor from

the Native Streams Institute. The interviews involved questions on the progress of the *Defending Childhood Initiative*, successes and challenges, lessons learned, and recommendations.

## Limitations

We have identified three major limitations regarding the findings in this report, related to methodology, impact, and generalizability.

1. **Methodology:** Although the mixed method study of the sites' program implementations provided rich data on the sites, the process evaluations could have been even stronger with more data. Specifically, because the evaluation team was located in New York City, it was difficult to observe program activities on a regular basis. When activities could be observed (e.g., during a site visit), program staff and participants were aware of when the visit would take place and were aware of the evaluators' purpose for being there. This dynamic potentially made staff less likely to behave naturally (also known as the "Hawthorne effect," where people perform better when they know they are being observed). Additionally, because program observations were limited, there is no data in the reports on the physical settings where programming took place. Descriptions of these locations—schools, community centers, training facilities—could help in understanding whether or not the places were conducive to effective program implementation and acceptance (e.g., was a school classroom set up in such a way that made learning difficult). Finally, the findings herein could have been strengthened through other methods such as in-depth case studies and participant interviews, the latter only taking place in Shelby County.
2. **Impact:** While this report has generated lessons learned and documented unique strategies across sites, without knowing the impact the programs have had on its participants and communities, it is ultimately hard to say what the most effective strategies to produce positive outcomes (e.g., reductions in prevalence of violence in the community, reductions in trauma symptoms for children exposed to violence) are. Therefore, although we highlight effective, promising, and potentially innovative implementation strategies and uncover practical challenges, we cannot draw rigorous conclusions regarding which strategies worked to produce successful outcomes and which did not.
3. **Generalizability and Replicability:** Many of the strategies outlined in this report require significant resources to design, implement, and sustain. It may be difficult for jurisdictions interested in addressing children's exposure to violence in their communities to obtain the funding to implement a large-scale initiative such as *Defending Childhood*. Additionally, some of the demonstration sites had a strong preexisting service infrastructure, a history of interdisciplinary collaboration, and a greater local research capacity than what may be found in otherwise comparable sites. As described in the next chapter, most sites had difficulty bringing local schools—the most logical setting for large-scale violence prevention programming for children and youth—on board in a substantial way; it would most likely be just as challenging for many jurisdictions, making the universal prevention programming that the Grand Forks site was able to implement difficult to replicate.

## Chapter 2

### Cross-Site Themes and Lessons Learned

This chapter provides a discussion of the themes and lessons learned. The chapter starts by summarizing the strategies that the six sites implemented, highlighting common and unique approaches and challenges in the following core areas:

- Prevention (both universal prevention and targeted prevention for high-risk groups);
- Screening and assessment;
- Case management and advocacy;
- Treatment and healing (therapeutic clinical services);
- Community awareness and education;
- Professional training; and
- Systems infrastructure and capacity building.

The strategies that sites chose to implement was based on findings from their original needs assessment, discussions among their collaborative bodies, and informal feasibility assessments; hence, program models differ by site. For example, one site (Cuyahoga County) focused heavily on treatment and healing and had a limited focus on prevention, while another (Grand Forks) concentrated their resources mostly on universal prevention. Table 2.1 shows the strategies chosen by each site, and whether it was a primary or secondary focus of each site’s initiative. Appendix A provides tables of the aggregate site outputs by year for some of the activities listed below.

**Table 2.1 Chosen Strategies by Site**

	Boston	Cuyahoga County	Grand Forks	Rocky Boy	Rosebud	Shelby County
Case Management & Advocacy				Primary Focus		
Screening & Assessment		Primary Focus				
Treatment & Healing	Secondary Focus	Primary Focus	Secondary Focus	Secondary Focus	Secondary Focus	Primary Focus
Prevention	Primary Focus	Secondary Focus	Primary Focus	Primary Focus	Secondary Focus	Secondary Focus
Community Awareness/Education	Primary Focus	Secondary Focus	Primary Focus	Primary Focus	Primary Focus	Secondary Focus
Professional Training	Primary Focus	Secondary Focus	Secondary Focus	Secondary Focus		Primary Focus
System Infrastructure/Capacity Building	Secondary Focus	Primary Focus			Primary Focus	Secondary Focus

Key:  Primary Focus     Secondary Focus    Blank = Not a focus

## **A Note on Terminology and Justification: “Evidence-Based” and “Promising” Programs**

Throughout individual site reports as well as this report, certain programs are designated as evidence-based or promising. The use of evidence-based programs, practices, or interventions has received increasing attention, while the definition of what constitutes “evidence” continues to be debated. In general, evidence-based programs and interventions are supported by rigorous evidence of effectiveness.<sup>35</sup> These programs, if implemented with fidelity to the program developer’s model, are likely to produce positive impacts. Program effectiveness must be demonstrated using an evaluation design with sufficient scientific merit, specifically randomized controlled trials or strong quasi-experimental designs. Programs and interventions evaluated with diverse populations, multiple replications, or longitudinal studies also contribute to the strength of the evidence of effectiveness or to findings of whether positive effects may be sustained over time. The lowest levels of evidence may exist in studies conducted through non-experimental designs, defined as designs that lack a true comparison group that did not receive the intervention.

*For the purposes of this study, programs and interventions with at least two strong evaluation designs (randomized trials or quasi-experiments) that have shown positive impacts are considered evidence-based. Programs with research studies supporting their effectiveness that do not reach this threshold are considered promising.*<sup>36</sup> It is important to note that there is a continuum of effectiveness and that some programs promoted as “effective” may not meet this standard. Some programs may just barely meet this standard (with two or three strong evaluations) and still other programs may be supported by a truly large body of evidence. In fact, in the public health and criminal justice fields, there are programs, policies, and interventions that are designated as evidence-based because they have been supported by dozens, if not hundreds, of studies.

## **Prevention Programming**

Prevention programming is defined as efforts to prevent initial or subsequent exposure to violence. While all sites implemented some form of prevention programming, only the Grand Forks site chose to concentrate their resources on universal prevention.

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<sup>35</sup> In determining whether a program or intervention is evidence-based, no distinction is made between formal efficacy and effectiveness studies. *Efficacy studies* test the impact of a program model under “ideal” conditions, carefully controlled and monitored by the researchers in order to ensure high model fidelity. *Effectiveness studies* test the impact of a model under “real world” conditions where imperfect implementation is expected. For current purposes, the use of the term “effective” refers simply to positive impacts with either type of study design, although ideally, two or more formal “effectiveness” studies would demonstrate that a program model is truly appropriate for broad dissemination in the real world (e.g., see Society for Prevention Research Standards of Evidence: Criteria for Efficacy, Effectiveness, and Dissemination, available at: <http://www.preventionresearch.org/StandardsofEvidencebook.pdf>).

<sup>36</sup> There are a variety of approaches to determining whether a program or intervention is evidence-based. The Office of Justice Programs website (<http://www.crimesolutions.gov>) and SAMSHA’S National Registry of Evidence-Based Programs and Practices (<http://www.nrepp.samsha.gov>) require one rigorous study for a program or intervention to be deemed “effective.” The What Works Clearinghouse of the Institute of Education Sciences (<http://ies.ed.gov/ncee/wwc/default.aspx>) and the Society for Prevention Research (footnote 1) use distinct, yet complex, processes to rank programs and include many different criteria.

### ***The Grand Forks Universal School-Based Prevention Model***

Schools are the most logical setting for large-scale prevention programming for children and youth. However, implementing extensive prevention programming in schools is no easy task, given that many counties include major metropolitan school districts and multiple suburban districts. Because of its relatively small size, Grand Forks, ND, however, is one site where universal school-based programming was potentially feasible. Indeed, Grand Forks was largely successful in implementing prevention programming county-wide, spanning city, rural, and parochial schools. The programming is “universal” because it was offered to everyone, regardless of previous exposure to violence or at risk status. Children ages 3-17 learned about different kinds of violence (e.g., bullying, dating violence) and ways of preventing it, as well as about how to have positive relationships with others. A summary of all of the programming in Grand Forks, much of which was evidence-based or promising, is included as Table 2.2.

Grand Forks’ extensive focus on prevention programming is a replicable model for jurisdictions across the country that have problems with bullying in schools, dating violence, and domestic and child abuse. Even larger school districts may wish to replicate what Grand Forks accomplished—but more up-front funding may be required.

Moreover, in the long-term, blanketing a jurisdiction with universal prevention programming is potentially sustainable, as the costs are mostly up-front in terms of buying curricula and having school staff trained. Because the programming is mostly administered by teachers and coaches who remain in the district for years, once they are trained they may be able to continue to offer the programs with little to no additional training after the first year.

### ***Prevention through Traditional Culture at the Rocky Boy and Rosebud Sites***

The two tribal sites held activities that sought to incorporate traditional Lakota or Chippewa Cree culture as a means of universal prevention, under the belief that youth who are disconnected from Native culture contributed to violence in their communities. At Rocky Boy, smudging, drumming, and traditional arts and crafts were incorporated into community events and programming; at Rosebud, smudging and traditional foods were incorporated. Rosebud also plans to host a Lakota naming ceremony for youth on the reservation who do not have a traditional name.

### ***Targeted Prevention Models***

Boston, Cuyahoga County, and Shelby County contracted with community-based organizations to support or create targeted prevention programs. Targeted prevention programs are administered to young people who are considered “at-risk” for exposure to violence due to living in neighborhoods with high levels of violence.

- Coaching Boys into Men: Boston administered this leadership program that provides athletic coaches with the strategies and resources to educate young males about relationship abuse, harassment, and sexual assault. Shelby County also trained athletic coaches in the county school district on the Coaching Boys into Men curriculum.

**Table 2.2 Grand Forks’ Safer Tomorrows Prevention Programming Summary**

Prevention Program	Schools	Grades	Description
Al’s Pals <sup>37**</sup> and Al’s Caring Pals <sup>38**</sup>	Head Start, Childcare Centers	Ages 3-8	Resilience-based curriculum used to develop the social, emotional, multi-cultural, and behavioral skills of children.
Olweus Bullying Prevention Program <sup>39**</sup>	All high schools in the county	K-8	Prevention of bullying through individual actions, school environment, and community members.
The Fourth R <sup>40**</sup>	All high schools in the county	9 & 10	A comprehensive, school-based program designed to reduce violence and associated risk behaviors by focusing on relationship goals and challenges that influence decision-making.
Lessons from Literature	Larimore High School Only	9-12	Uses existing literature curriculum and additional books and stories to increase awareness about the damaging effects of physical, sexual and verbal abuse, and how to recognize abusive uses of power and control and alternatives to violence.
Friendships that Work: A Positive Friendship Curriculum	All high schools in the county	5 & 7	Increase healthy relationship skills among early adolescents and decrease characteristics commonly thought of as precursors to intimate partner violence.
Project Northland <sup>41*</sup>	Grand Forks Public Schools Only	6, 8, 10	This curriculum is proven to delay the age at which young people begin drinking, reduce alcohol use among young people that have already tried drinking, and limit the number of alcohol-related problems. <sup>42</sup> See <a href="http://www.hazelden.org/web/go/projectnorthland">http://www.hazelden.org/web/go/projectnorthland</a> for more information.

<sup>37</sup> Studies that document Al’s Pals’ effectiveness include: A) Lynch K, Geller S, and Schmidt M. (2004) “Multi-Year Evaluation of the Effectiveness of a Resilience-Based Prevention Program for Young Children.” *The Journal of Primary Prevention*, 24, 3:335-353; B) Loos M. (2010) *Highlights of Findings of Al’s Caring Pals: A Social Skills Toolkit for Home Child Care Providers Arkansas Statewide Controlled Study Conducted in 2009-2010*. Wingspan, LLC.

<sup>38</sup> Studies that document Al’s Caring Pals’ effectiveness include: A) Loos M. (2010) *Highlights of Findings of Al’s Caring Pals: A Social Skills Toolkit for Home Child Care Providers Arkansas Statewide Controlled Study Conducted in 2009-2010*. Wingspan, LLC; B) Loos M. (2011) *Highlights of Findings of Al’s Caring Pals: A Social Skills Toolkit for Home Child Care Providers Virginia Statewide Controlled Study Conducted in 2010-2011*. Wingspan, LLC.

<sup>39</sup> Studies that document the Olweus Bullying Prevention Program’s effectiveness include: A) Bauer N, Lozano P, and Rivara F. (2007) “The effectiveness of the Olweus Bullying Prevention Program in middle schools: A controlled trial.” *Journal of Adolescent Health*, 40:266-274; B) Olweus D. 1991. “Bully/victim problems among school children: Basic facts and effects of a school based intervention program.” In DJ Pepler and KH Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 411–448). Hillsdale, NJ: Erlbaum.

<sup>40</sup> Studies that demonstrate the Fourth R’s effectiveness include: A) Cissner A and Hassoun Ayoub L. (2014) *Building Healthy Teen Relationships: An Evaluation of the Fourth R Curriculum with Middle School Students in the Bronx*. New York, NY: Center for Court Innovation; B) Wolfe D, Crooks C, Jaffe P, Chiodo D, Hughes R, Ellis W, Stitt L, and Donner A. (2009) “A universal school-based program to prevent adolescent dating violence: A cluster randomized trial.” *Archives of Pediatric and Adolescent Medicine*, 163:693-699.

<sup>41</sup> For research on Project Northland, see: Perry C, Williams C, Veblen-Mortenson S, Toomey T, Komro K, Anstine P, McGovern P, Finnegan J, Forster J, Wagenaar A, and Wolfson M. (1996) “Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence.” *American Journal of Public Health*, 86, 956-965.

<sup>42</sup> Alcohol programming is relevant because of its long-established relationship to violence (both used by perpetrators and victims) and criminal activity. See, for instance <https://ncadd.org/images/stories/PDF/factsheet-alcoholandcrime.pdf> and <http://www.bjs.gov/content/pub/pdf/ac.pdf>.

Digital Citizenship	Grand Forks Public Schools Only	K-12	This curriculum teaches students responsible behavior in regard to technology use, including personal safety. See <a href="http://www.digitalcitizenship.net/Home_Page.html">http://www.digitalcitizenship.net/Home_Page.html</a> for more information.
NetSmartz	Rural and Parochial Schools Only	K-12	Teaches children to make safe decisions, both online and offline. NetSmartz addresses issues such as cyber-bullying, inappropriate content, predators, revealing too much information, sexting, and scams. See <a href="http://www.netsmartz.org/Parents">http://www.netsmartz.org/Parents</a> for more information.
Coaching Boys into Men <sup>43*</sup>	All high schools in the county	9-12	This is a curriculum for high-school athletic coaches that is designed to inspire them to teach student athletes about the importance of respect for themselves and others in their relationships.
Rachel's Challenge	Grand Forks Public Schools and two Rural Schools	Middle school (GFPS), K-12 (rural)	A series of motivating presentations that provide students and staff with the skills to create a supportive learning environment.
Healthy Families <sup>44**</sup>	N/A	Ages 0-3	An evidence-based home visiting model for families at-risk or in need.

\* Promising \*\* Evidence-based

<sup>43</sup>For a study on Coaching Boys into Men, see Miller E, Tancredi D, McCauley H, Decker M, Virata M, Anderson H, Stetkevich N, Brown E, Moideen F, and Silverman J. (2012) "Coaching Boys into Men": A cluster-randomized controlled trial of a dating violence prevention program." *Journal of Adolescent Health*, 51, 431-438.

<sup>44</sup> Studies that demonstrate Healthy Families' effectiveness include: A) DuMont K, Mitchell-Herzfeld S, Greene R, Lee E, Lowenfels A, Rodriguez M, and Dorabawila V. (2008) "Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect." *Child Abuse & Neglect*, 32(3):295-315; B) LeCroy C and Krysik J. (2011) "Randomized trial of the Healthy Families Arizona home visiting program." *Children and Youth Services Review*, 33:1761-1766.

- Family Programs: Boston administered the evidence-based Family Nurturing Program<sup>45</sup>, which is designed for parents and children to build their nurturing skills and understanding of healthy development, appropriate expectations, and discipline with dignity. Cuyahoga County administered Adults and Children Together (ACT)<sup>46</sup>, a promising program that teaches positive parenting skills to parents and caregivers of children from birth to age eight.
- Project Safeways: Shelby County supported Project Safeways, a Memphis-based program that provides support services and training to apartment complex managers to prevent crime and ensure residents' safety. The use of this particular program model dovetailed with the overall philosophy of the Shelby County initiative of infusing a small number of high-risk apartment complexes with a panoply of advocacy, case management, and prevention services (see further discussion below).

### ***Challenges Related to Prevention***

Three important challenges emerged concerning the focus of prevention, especially when the programming is universal. First, staff across all sites believed that in addition to the focus on negative prevention (e.g., anti-violence, anti-bullying), programs might consider incorporating positive promotion (e.g., healthy relationships, building resiliency), as those messages may resonate with and be applicable to a more general (not necessarily “at risk”) youth audience.

Second, jurisdictions interested in implementing multiple programs in schools over multiple years will find a lack of any existing comprehensive prevention program that goes across all ages. As depicted in Table 2.2, Grand Forks used multiple curricula and struggled with the challenge of making the curricula complimentary rather than repetitive. Realistically, students may become exposed to the same concepts repeatedly. As interviews with program managers suggest, it is important for staff to be sensitive to this reality—students will tune out if they hear the same message too often. On the other hand, administrators must be careful not to alter evidence-based programs—fidelity to the model is crucial to successful implementation. Navigating these conflicting impulses can be a challenge.

Third, some programs have similar goals but take different approaches. Staff should be mindful of this where multiple programs are implemented in the same settings. There is potential for conflicting messages. For example, as an anti-bullying program, Olweus trains school staff to keep parties who bully others separate from those they bully; a key tenet of restorative justice programs, however, is to bring those parties together; thus, their messages could conflict if administered to the same students.

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<sup>45</sup> The Family Nurturing Program is considered evidence-based. For studies demonstrating its effectiveness, see: A) Hodnett RH, Faulk K, Dellinger A, and Maher E. (2009) “Evaluation of the statewide implementation of a parent education program in Louisiana's child welfare agency: The Nurturing Parent Program for infants, toddlers, and preschool children.” Final evaluation report submitted to Casey Family Foundations; B) Bavolek SJ, Comstock CM, and McLaughlin JW. (1983) “The Nurturing Program: A validated approach for reducing dysfunctional family interactions.” Final report submitted to the National Institute of Mental Health.

<sup>46</sup> ACT is considered a promising program. See Portwood SG, Lambert RG, Abrams LP, and Nelson EB. (2011) “An Evaluation of the Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids Program.” *Journal of Primary Prevention*, 32:147-160.



## Screening and Assessment

Screening is an important first step in identifying children who have been exposed to violence. Screening is typically a brief process, designed to determine the need for further assessment and possible services, whereas assessment yields a more comprehensive understanding of trauma symptomology in order to determine which specific services are appropriate.

Most of the sites that focused on providing treatment had formal screening and assessment tools. For example, Shelby County used the VanDenBerg “Strength, Needs, and Culture Discovery” assessment, the UCLA PTSD Trauma Index, and the Ages and Stages Questionnaire. Boston used the Child and Adolescent Needs and Strengths (CANS) assessment.

### *The Cuyahoga County Universal Screening and Assessment Model*

Cuyahoga County concentrated resources on comprehensive screening and assessment, creating a streamlined system that moves children ages 0-18 who have been exposed to violence and may be experiencing trauma symptoms from identification/screening to treatment. Fifteen agencies in the county use a universal screener. If a child screens positively and the parent consents, the family’s screener and contact information are sent to a Central Intake and Assessment location. If Central Intake staff administer an assessment and deem that the child should receive treatment, they refer to one of seven local agencies for service provision. It is worth describing their unique model a little more in depth:

- Development of a Universal Screening Tool: The Cuyahoga County research team piloted and developed a short, one-page screener that asks questions related to violence exposure and trauma. The research team established separate screeners for children seven years of age and younger (completed by the caregiver) and for children eight years of age and older (completed by the child). The screeners were based on existing violence exposure and trauma instruments (e.g., Juvenile Victimization Questionnaire<sup>47</sup>, Trauma Symptom Checklist for Children<sup>48</sup>, Trauma Symptom Checklist for Young Children<sup>49</sup>, and the Child Behavior Checklist<sup>50</sup>).

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<sup>47</sup> For more information about the Juvenile Victimization Questionnaire, see Finkelhor D, Hamby SL, Ormrod R, and Turner H. (2005) “The Juvenile Victimization Questionnaire: Reliability, validity, and national norms.” *Child Abuse and Neglect*, 29(2005):383-412; [http://www.unh.edu/ccrc/juvenile\\_victimization\\_questionnaire.html](http://www.unh.edu/ccrc/juvenile_victimization_questionnaire.html).

<sup>48</sup> For more information about the Trauma Symptom Checklist for Children, see A) Briere J. (1996) *Trauma Symptom Checklist for Children: Professional manual*. Florida: Psychological Assessment Resources Inc.; B) Nader KO. (2004) “Assessing traumatic experiences in children and adolescents: Self-reports of DSM PTSD Criteria B-D symptoms.” In J. Wilson & T. Keane (Eds.), *Assessing psychological trauma and PTSD, 2nd ed.* (pp. 513-537). New York: Guilford Press; C) Ohan JL, Myers K, and Collett BR. (2002) “Ten-year review of rating scales. IV: Scales assessing trauma and its effects.” *Journal of the American Academy of Child and Adolescent Psychiatry*, 41:1401-1422.

<sup>49</sup> For more information about the Trauma Symptom Checklist for Young Children, see A) Briere, J. (2005) *Trauma Symptom Checklist for Young Children: Professional manual*. Florida: Psychological Assessment Resources Inc.; B) Briere J, Johnson K, Bissada A, Damon L, Crouch J, Gil E, Hanson R, and Ernst V. (2001) “The Trauma Symptom Checklist for Young Children (TSCYC): Reliability and association with abuse exposure in a multi-site study.” *Child Abuse & Neglect*, 25:1001-1014.

<sup>50</sup> For more information on the Child Behavior Checklist, see A) Achenbach TM and Rescorla LA. (2000) *Manual for the ASEBA Preschool forms and Profiles*. Burlington, VT: University of Vermont Department of Psychiatry; B)

- Administration of the Screening Tool: The two primary screening agencies have been the Cuyahoga County Division of Children and Family Services (DCFS) and the Cuyahoga County Juvenile Court, resulting in over 16,000 children screened in a little over two years. The agencies that received a contract to provide treatment services also use the screener.
- Countywide Central Intake and Assessment: If a child screens as having been exposed to violence or trauma, they are referred to a Central Intake and Assessment (“Central Intake”) office for a full assessment. Central Intake—available 24 hours a day, 365 days a year—is the site for all diagnostic assessments and crisis response in the county’s service system. The diagnostic assessment is comprehensive, with core components from valid and reliable instruments such as the Juvenile Victimization Questionnaire, Trauma Symptom Checklist for Children, Trauma Symptom Checklist for Young Children, Violent Behavior Questionnaire, and the Child Behavior Checklist. Once Central Intake receives a referral, staff have 24 hours to reach out to the family.
- Assessment-driven Treatment Planning: Once an assessment is complete, Central Intake staff make a diagnosis and recommendation for appropriate treatment and then link families to a *Defending Childhood* contract agency that can provide the child with the most appropriate trauma-informed intervention, driven by the results of the assessment. All trauma treatment services that Central Intake refers to are evidence-based or promising.

Cuyahoga’s experiment in countywide screening and assessment yielded valuable lessons. First, it is important to find a delicate balance between not setting the screening threshold so high that children who need services fail to flag, and not setting the threshold so low that too many children are identified but then found not to need services after a full assessment or not to be able to receive services because community-based providers are over-stretched.

Second, if one of the primary screening agencies will be the local Children and Family Services agency, intake may not be the best point of screening; while the number of children potentially screened will be highest if done at intake, at that point in time many parents may not be fully honest when filling out the screener, for fear that it might affect their child welfare case. Finally, because there is often turnover at major screening agencies (e.g., court, child welfare service), there may be a need for regular new or booster trainings on how to administer the screener.

## **Case Management and Advocacy**

Case management and advocacy are major components of the two tribal sites’ programming and of the place-based service linkage model adopted in Shelby County. These activities involve outreach to individuals in potential need with the aim of providing non-therapeutic forms of

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Achenbach TM and Rescorla LA. (2001) *Manual for the ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families; C) Nakamura BJ, Ebesutani C, Bernstein A, and Chorpita BF. (2009) “A Psychometric Analysis of the Child Behavior Checklist DSM-Oriented Scales.” *Journal of Psychopathology and Behavioral Assessment*, 31:178–189.

assistance as well as providing linkages to clinical services where appropriate. Advocacy also involves assistance in supporting individuals in legal proceedings and working to ensure they receive appropriate educational services.

### ***Three Examples of Case Management and Advocacy Models***

- **The Rocky Boy’s Domestic Violence/Sexual Assault and Child Advocacy Model:** The domestic violence advocacy model includes safety planning, intake and referral, short-term and emergency housing assistance, court and law enforcement accompaniment, and support groups. The child advocacy model focuses on child abuse and neglect cases. Child advocates receive case referrals from multiple Rocky Boy agencies, including social services, TANF, and Rocky Boy Schools. Their advocacy work involves spending time with the child and remaining involved throughout the abuse/neglect case, taking him/her to the hospital or doctor’s appointments, and playing an advocacy role in court proceedings and other formal events.
- **The Rosebud Care Advocacy Model:** This model relies on referrals from three sources: 1) the juvenile detention center (which supplies the majority of referrals); 2) community partners such as the police, Department of Social Services, and local wellness and mental health programs; and 3) family/guardians. Staff refer to the case management work as “care advocacy.” They work with the young people to create individualized action plans, make referrals to local service providers, and do civil legal advocacy and court accompaniment. Many of the people they work with are from court-involved families; thus, case managers assist with things such as preparing paperwork for a protection order and accompanying a child to a protection order hearing. Case managers also advocate within the school system to ensure that the educational needs of youth are met.
- **The Shelby County Place-Based Case Management Model:** Case management and advocacy was also a major component for Shelby County, the only site to institute a place-based approach by concentrating resources in three public housing apartment complexes in Memphis. The site hired family service providers to work in these apartments. The family service providers were not licensed clinicians; rather, they were intended to play an intermediary role, providing a safe space for people to come to discuss their problems with a caring person, while also referring potential clients to social service agencies. The case managers, called connectors, received space at the target complexes, helping to connect families to the services they might need (e.g., receiving therapy, filing court orders, paying their utility bills, finding daycare for their children). Their onsite presence meant that they were accessible to residents on a regular basis. The connectors also put together a written resource guide for residents.

### ***Challenges Related to Case Management and Advocacy***

Advocacy work has many challenges. The work itself is exhausting, since advocates are on call 24 hours a day, seven days a week. The advocates were concerned about self-care and helping themselves not to burn out. In the Rosebud site, another challenge was the lack of transportation and the size of the reservation—it could take over an hour to drive to a child’s home, and then

there would be no guarantee that the person will be there. Additionally, the children and youth at the tribal sites often lack transportation to get to and from social service agencies. Finally, many families are lacking food, shelter, and clothing. It is often hard to engage them in services related to violence when they need their basic needs met first. The onsite presence of advocates in high-risk apartment complexes in Shelby is a model that may be replicable in other urban contexts.

## **Treatment and Healing**

Therapeutic programs designed to treat the psychological effects in children who have been exposed to violence are categorized as “treatment and healing.” This category differs from case management and advocacy, which involves outreach to individuals in potential need with the aim of providing non-therapeutic forms of assistance and linkages to clinical services where appropriate. The two tribal sites largely adopted an advocacy model (described above), while referring to other preexisting service providers to administer therapeutic treatment. However, the tribal sites did also offer traditional healing ceremonies such as sweat lodges and smudging. Through varying mechanisms, the non-tribal sites all utilized *Defending Childhood* funding to support direct therapeutic treatment, in most cases using known, evidence-based or promising treatment models. Most of the treatment recipients were Medicaid-eligible, meaning that the treatment agencies could be reimbursed through Medicaid; the Shelby model also directly funded services that existing insurance options would otherwise not pay for.

Table 2.3 provides a description of most of the different treatments across the sites. As described above, if a treatment is classified as “evidence-based,” it means that at least two rigorous evaluations provide evidence that the program is effective in achieving intended outcomes (e.g., decreased trauma symptoms). Programs with research supporting their effectiveness that do not reach this threshold are considered “promising.” It is important to note, however, that the research that supports the use of evidence-based practices does not usually include evaluations of interventions with Native American and/or Alaskan Native communities. None of the western treatments outlined in Table 2.3 have evidence on their use with Native communities. TF-CBT has been adapted for tribal use, but its adaptation “Honoring Children, Mending the Circle,” is considered a “promising practice” by the National Child Traumatic Stress Network, since evaluation is ongoing.

Some tribal practices, however, may be considered effective in healing based on non-western approaches to evaluating them. For example, sweat lodges, used at both the Rocky Boy and Rosebud sites, fall under “Local community validation” according to the First Nations Behavioral Health Association.<sup>51</sup>

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<sup>51</sup> FNBHA Catalogue of Effective Behavioral Health Practices for Tribal Communities. (2009) First Nations Behavioral Health Association. Available at: [http://www.fnbha.org/pdf/fnbha\\_catalogue\\_best\\_practices\\_feb%2009.pdf](http://www.fnbha.org/pdf/fnbha_catalogue_best_practices_feb%2009.pdf)

**Table 2.3 Treatment and Healing Interventions**

Treatment	Description	Evidence-Based?	Site(s) Implementing
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	TF-CBT is a treatment designed to help children, adolescents, and their parents to overcome the negative effects of trauma. The model blends fundamentals of CBT with traditional child abuse therapies, thereby enabling clients to regain trust and a personal sense of integrity. It targets the symptoms, such as intrusive thoughts of the traumatic event, avoidance, and trouble sleeping or concentrating that are characteristic of post-traumatic stress disorder.	Evidence-Based <sup>52</sup>	Cuyahoga County Grand Forks Shelby County
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	SPARCS is a group intervention specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and experiencing problems in their adjustment. Goals of the program often focus on affect regulation, self-perception, coping and relationship building while also reducing somatization, dissociation, avoidance, and hopelessness. SPARCS draws heavily from cognitive-behavioral and dialectical behavior therapy concepts and techniques.	Promising <sup>53</sup>	Cuyahoga County Grand Forks
Sweat Lodge	Traditional native ceremonies for wiping the trauma (e.g., through heat, prayer, and sage plants) from a child.	Community Validated <sup>54</sup>	Rocky Boy Rosebud
Multisystemic Therapy (MST)	MST is an intensive family- and community-based treatment that addresses the multiple determinants of anti-social behavior in adolescents. As such, MST treats the factors (e.g., family, school, peer group, community, etc.) that contribute to behavior problems. On a highly individualized level, treatment goals are developed in collaboration with the family, and	Evidence-Based <sup>56</sup>	Cuyahoga County

<sup>52</sup> Studies that demonstrate the effectiveness of TF-CBT include: A) Deblinger E, Lippman J, and Steer R. (1996) “Sexually Abused Children Suffering From Posttraumatic Stress Symptoms: Initial Treatment Outcome Findings.” *Child Maltreatment* 1(3):10–21; B) Cohen J, Deblinger E, Mannarino A, and Steer R. (2004) “A Multisite Randomized Trial for Children With Sexual Abuse–Related PTSD Symptoms.” *Journal of the American Academy of Child and Adolescent Psychiatry*, 43:393–402.

<sup>53</sup> For SPARCS research, see, for example: A) Weiner D, Schneider A, and Lyons J. (2009) “Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes.” *Children and Youth Services Review*, 31:1199-1205; B) Habib M, Labruna V, and Newman J. (2013) “Complex histories and complex presentations: Implementation of a manually-guided group treatment for traumatized adolescents.” *Journal of Family Violence*, 28:717-728.

<sup>54</sup> See A) McCormick RM. (1997) “Healing through Interdependence: The Role of Connecting in First Nations Healing Practices.” *Canadian Journal of Counselling*, 31(3):172-184; B) Colmant SA and Merta RJ. (1999) “Using the sweat lodge ceremony as group therapy for Navajo youth.” *The Journal for Specialists in Group Work*, 24:55-73; C) Gossage JP et al. (2003) “Sweat lodge ceremonies for jail-based treatment.” *Journal of Psychoactive Drugs*, 35(1):33-42; D) Eason A, Colmant S, and Winterowd C. (2009) “Sweat Therapy Theory, Practice, and Efficacy.” *Journal of Experiential Education*, 32(2):121-136.

**Table 2.3 Treatment and Healing Interventions**

Treatment	Description	Evidence-Based?	Site(s) Implementing
	family strengths are used as levers for family change. <sup>55</sup>		
Parent-Child Interaction Therapy (PCIT)	PCIT provides coaching to parents and other caregivers who want to help their children to learn how to relate and behave better. Discipline skill building and coached parent/caregiver-directed play occur with the assistance of a PCIT therapist. Parent/caregivers are also given a homework assignment after each session to practice PRIDE skills (praise, reflect, imitate, describe, enthusiasm) with children every day for 5-10 minutes.	Evidence-Based <sup>57</sup>	Cuyahoga County
Kids Club	Kids Club is a nine-week preventative intervention designed to address children’s knowledge, attitudes, and beliefs about family violence, reduce behavioral adjustment problems, and teach them safety and conflict resolution skills and the ability to identify and regulate emotions related to violence.	Promising <sup>58</sup>	Shelby County
Attachment, Self-Regulation, and Competency (ARC)	ARC is a comprehensive framework for intervention with youth exposed to complex trauma. It identifies 3 core principals of understanding trauma: trauma derails healthy development; trauma does not occur in a vacuum, not should service provision; and good intervention goes beyond individual therapy.	Promising <sup>59</sup>	Boston

<sup>56</sup> Studies that demonstrate MST’s effectiveness include: A) Timmons-Mitchell J, Bender MB, Kishna MA, and Mitchell CC. (2006) “An Independent Effectiveness Trial of Multisystemic Therapy with Juvenile Justice Youth.” *Journal of Clinical Child and Adolescent Psychology*, 35(2):227-236; B) Borduin C, Mann BJ, Cone LT, Henggeler SW, Fucci BR, Blaske DM, and Williams RA.(1995) “Multisystemic Treatment of Serious Juvenile Offenders: Long-Term Prevention of Criminality and Violence.” *Journal of Consulting and Clinical Psychology*, 63(4):569-578.

<sup>55</sup> Though designed to directly address trauma, MST was chosen because, for some individuals, before trauma can be addressed, the family and home environment needs to be stabilized. For these individuals, MST may be an important first intervention to reduce out-of-home placements such as incarceration, residential treatment, and hospitalization. Staff members understand that after a young person completed MST, he or she may need to be referred to a second intervention to address trauma symptoms.

<sup>57</sup> Studies that demonstrate PCIT’s effectiveness include: A) Chaffin M, Silovsky J, Funderburk B, Valle LA, Brestan EV, Balachova T, et al. (2004) “Parent-Child Interaction Therapy with physically abusive parents: Efficacy for reducing future abuse reports.” *Journal of Consulting and Clinical Psychology*, 72(3):500-510; B) Schuhmann EM, Foote RC, Eyberg SM, Boggs SR, and Algina J. (1998) “Efficacy of Parent-Child Interaction Therapy: Interim report of a randomized trial with short-term maintenance.” *Journal of Child Clinical Psychology*, 27(1):34-45.

<sup>58</sup> For Kids Club research, see Graham-Bermann S, Lynch S, Banyard V, Devoe E, and Halabu H. (2007) “Community based intervention for children exposed to intimate partner violence: An efficacy trial.” *Journal of Consulting and Clinical Psychology*, 75:199-209.

<sup>59</sup> For ARC research, see, for example: Arvidson J, Kinniburgh K, Howard K, Spinazzola J, Strothers H, Evans M, Andres B, Cohen C, & Blaustein M. (2011) “Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model.” *Journal of Child & Adolescent Trauma*, 4(1):34-51.

**Table 2.3 Treatment and Healing Interventions**

Treatment	Description	Evidence-Based?	Site(s) Implementing
Child Parent Psychotherapy (CPP)	Thus, three core domains are addressed: attachment, self-regulation, and competency. CPP involves the restoring the child and parent relationship as a means of improving the child's sense of safety, attachment to the parent, and their cognitive, behavioral, and social functioning. Parents work on their negative associations with their child and maladaptive parenting strategies.	Evidence-Based <sup>60</sup>	Shelby County
Eye Movement Desensitization and Reprocessing (EMDR)	EMDR is a psychotherapy used to treat post-traumatic stress disorder (PTSD), where the patient's traumatic memories are treated with rapid eye movement.	Evidence-Based <sup>61</sup>	Grand Forks
Restorative Justice Program	RJ involves a face-to-face meeting between the victim and the offender to discuss a violent incident and focuses on repairing the harm between the parties involved in a dispute through understanding each other's sides rather than solely punishing offenders.	No	Grand Forks

***Challenges Related to Treatment and Healing***

Across sites, there were two primary lessons. First, although programs may assess and connect a family to an appropriate intervention to address a child's trauma, it is common for families to drop out or refuse services. This happens for multiple reasons, but for many of the evidence-based or promising treatments described above, time commitment is the primary issue. Once families see how long treatment will take—usually somewhere between three and six months—they often feel they cannot commit to the therapy. While research has shown these treatments to improve outcomes for participants, these results can only be expected if participants complete the program. This finding regarding the importance of program completion may also indicate that sites should include brief treatment modalities as options, in addition to longer term programs—recognizing that high retention rates in longer-term programs may be difficult to maintain.

The second lesson relates to the need for continuous training. When choosing the different treatments described above, the local *Defending Childhood* sites needed to provide training for clinicians who had not previously used these treatments. This was an upfront cost for the sites.

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<sup>60</sup> Studies that demonstrate CPP's effectiveness include: A) Lieberman AF, Van Horn PJ, & Ghosh Ippen C. (2005) "Toward evidence-based treatment: Child-Parent Psychotherapy with preschoolers exposed to marital violence." *Journal of the American Academy of Child and Adolescent Psychiatry*, 44:1241-1248; B) Cicchetti D, Rogosch FA, & Toth SL. (2006) "Fostering secure attachment in infant in maltreating families through preventive interventions." *Development and Psychopathology*, 18: 623-650.

<sup>61</sup> Studies that demonstrate EMDR's effectiveness include: A) Soberman G, Greenwald R, and Rule D. (2002) "A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems." *Journal of Aggression, Maltreatment, and Trauma*, 6:217-236; B) Ahmad A, Larsson B, and Sundelin-Wahlsten V. (2007) "EMDR treatment for children with PTSD: Results of a randomized controlled trial." *Nordic Journal of Psychiatry*, 61:349-54.

However, for some of the therapists, there was a lack of job security given the finite nature of the grant funding, leading them to look for other positions. This staff turnover not only left gaps in service capacity, but also required the sites to reallocate funds in order to train new staff.

## Community Awareness and Education

Community awareness and education seeks to increase knowledge of children’s exposure to violence and available resources and services. The audiences for these campaigns tended to fall into two categories: the general public and professionals who work with children and youth. Subject matter of the campaigns tended to fall into two categories as well: information about the existence of the local *Defending Childhood* initiative and the services it could offer, and information about violence exposure and its impact. All sites had either a website or Facebook page where they would post information and upcoming events, and some hired a local public relations agency to help spread their message. While for some sites (e.g., Cuyahoga County), community awareness and education programming was limited, for others (e.g., Rocky Boy) it was a primary component. Table 2.4 provides a summary of the awareness activities for each site.

A few sites had unique strategies for discussing violence, including.

- “The Halls” Web Series in Boston: Boston’s web series, “The Halls,” was accompanied by a massive marketing campaign that included advertisements throughout the city of Boston. The web series and its advertisements were intentionally developed to feel different from a public service announcement. Instead, they resemble standard television show advertising and do not include any *Defending Childhood* logos or discussion about violence; the goal was to speak to young people using language and media they would respond to. The web series attracted 12,500 clicks for its first episode.

**Table 2.4 Community Awareness and Education Activities by Site**

Site	Examples of Awareness Activities
Boston, MA	<ul style="list-style-type: none"> <li>• Supported youth leaders in developing and leading education and organizing projects to promote healthy teen relationships in their neighborhood. These projects included workshops, public service announcements, and public dialogues.</li> <li>• Created a web series (“The Halls”) designed to engage young men in a conversation to end violence, particularly gender-based violence against women and girls. The series consisted of professional television-style episodes that told the stories of three young men in Boston and their struggles through relationships, trauma, masculinity, and identity.</li> </ul>
Cuyahoga County, OH	<ul style="list-style-type: none"> <li>• Held a neighborhood-based “We Have the Power to Stop the Violence!” youth art contest.</li> <li>• Held a broad campaign to let the county know that they</li> </ul>



	<p>could call 211 to get help for children who have been exposed to violence.</p>
Grand Forks, ND	<ul style="list-style-type: none"> <li>• Created banners and displayed them at local sporting events, as well as banners for sexual assault awareness and child abuse awareness months.</li> <li>• Had a bus wrap about the initiative on a highly visible city bus route.</li> <li>• Distributed window cling decals with the initiative’s name.</li> <li>• Distributed flash drives to local service providers that stored important information about the initiative.</li> <li>• Developed a “Winners Way” campaign as a code of ethics for fans at sporting events, especially at the high school level.</li> <li>• Filmed a public service announcement that was shown at local sporting events and at the movie theater.</li> <li>• Created a website for practitioners that gave them access to information about children’s exposure to violence.</li> </ul>
Rocky Boy’s Reservation, MT	<ul style="list-style-type: none"> <li>• Developed and distributed items (e.g., t-shirts, backpacks, bumper stickers, water bottles) with the project’s logo.</li> <li>• Held Family Fun Nights and Cultural Fairs.</li> <li>• Hosted Community Summits for practitioners.</li> <li>• Organized Awareness Walks.</li> <li>• Created and distributed brochures and information cards, varying in topic and design, for distribution at events such as family fun nights. All publications contain information about the project itself, as well as awareness information about the central topic of the document (e.g., violence or bullying).</li> </ul>
Rosebud Sioux Tribe, SD	<ul style="list-style-type: none"> <li>• Made presentations about the project in schools and in the different communities on the reservation.</li> <li>• Hosted a weekly radio show to discuss relevant topics.</li> </ul>
Shelby County, TN	<ul style="list-style-type: none"> <li>• Created a trifold brochure (including a Spanish translation) to be handed out by first responders when they respond to a domestic violence call.</li> <li>• Hosted community fairs and monthly meetings in targeted apartment complexes.</li> <li>• Developed a password-protected portal for professionals that gave them access to webinars and training materials on topics related to children’s exposure to violence.</li> </ul>

- Sports-based Public Awareness Campaign in Grand Forks: Grand Forks created a public service announcement (PSA) that involved sporting references—sports are a significant part of life for residents in Grand Forks. The PSA was shown at the local cinema before

each movie. Additionally, some of the campaign focused on positive messaging as opposed to using words such as “don’t” and “violence.” For example, their Winner’s Way campaign used the slogan “We like to win, and the way we win matters.” The message was: “WE are the team. RESPECT the effort. EVERYONE has a role. It’s the WINNER’S WAY.” The awareness campaigns in Grand Forks further reinforced the universal prevention messages that the children were receiving in schools.

### ***Challenges Related to Community Awareness and Education***

The rural nature of the two reservations and parts of Grand Forks County made dissemination of information challenging. This problem was especially pronounced during wintertime, when snowstorms rendered certain areas inaccessible.

In addition to the challenges of geography, community awareness activities faced obstacles related to the nature of the *Defending Childhood Initiative* as a federally funded demonstration. In particular, the sites encountered many federal restrictions on publications, distributed materials, social media posts, and public messaging. Many of these had to receive approval from OJJDP before dissemination. This approval process could take anywhere from weeks to months. In an age where social media outlets such as Facebook, Twitter, and YouTube require real-time postings and interactions, this approval process was frustrating and limiting, especially to contracted public relations firms who were not used to working within such restrictions. As one person put it: “How do we plan ahead for our spontaneous tweets two months from now?”

Staff at all sites found that there was a need to provide food at community events. Gathering around food is culturally important for many ethnic groups in particular. Additionally, in order to accommodate work schedules, many times these events are offered in the evening around dinnertime. Staff and stakeholders reported feeling hindered by federal restrictions that do not allow grant funds to be used for food.

### **Professional Training**

All sites offered training to local professionals who work with children and youth on issues related to children’s exposure to violence. The audience for these trainings included social and human service agencies, social workers, childcare workers, educators, healthcare staff, attorneys, court personnel, faith and traditional leaders, and law enforcement officials. Topics included:

- The effects of trauma on children;
- Wraparound services;
- Resiliency factors for children and parents in domestic violence situations;
- Confidentiality and sharing information and data across systems;
- Sexual abuse;
- Trauma-informed care;
- How to use screening tools;
- Compassion fatigue; and
- Specific evidence-based or promising treatments such as Trauma-Focused Cognitive Behavioral Therapy and Structured Psychotherapy for Adolescents Responding to Chronic Stress.

Table 2.5 provides counts of the number of professional trainings each site offered and the number of individuals trained between October 2011 and September 2014.

**Table 2.5 Professional Trainings by Site**

Site	# of Trainings Held	# of Individuals Trained
Boston, MA	34	1,006
Cuyahoga County, OH	42	798
Grand Forks, ND	116	1,534
Rocky Boy's Reservation, MT	8	213
Rosebud Sioux Tribe, SD	26	773
Shelby County, TN	407	5,414
<b>TOTAL</b>	<b>633</b>	<b>9,738</b>

***The Boston Learning Communities Model***

The Boston site took a comprehensive approach to training, focusing on training a smaller number of people in depth through *learning communities*, which require clinicians to make a longer-term commitment (18 months) in the hopes that it will lead to institutional adoption of best practices. Learning communities involve two-to-four in-person training sessions and 24 case conferencing and supervision phone calls. Boston created three of these communities on mental-health interventions for children exposed to violence: Trauma-Focused Cognitive Behavioral Therapy; Child Parent Psychotherapy; and Attachment, Self-Regulation, and Competency. Eligible clinicians had to have a master's degree and some practical experience.

***Challenges Related to Professional Training***

For many of the sites, it took quite some time to get training efforts off the ground. Two reasons were the lack of staff dedicated to training and the local and federal approval process. For example, at the Boston site, it took much longer than anticipated to hire someone due to the hiring restrictions (e.g., must be a city resident) of the Boston Public Health Commission, as well as the finite nature of the federal grant, which meant that good people were less likely to apply due to the lack of job security. At the Grand Forks site, staff put together many training presentations on various topics, but it took many months to get these presentations approved by OJJDP. As with several of the barriers to community awareness campaigns, the OJJDP-related restrictions were only a barrier in the context of the *Defending Childhood* federal grant process and would not apply to a jurisdictions seeking to replicate strategies with local funding sources.

Limited options exist for trainings that cut across the various types of children's exposure to violence; in many cases, training options are narrow in scope and only address one type of violence. Some existing trainings may not span the full range of childhood (ages 0 to 18) and some of the sites had to adapt or develop new training curricula to address their needs.

Across all sites, staff also expressed the need for consistent trainings for new staff due to high turnover rates at social service agencies, as well as booster trainings for previously trained staff. These needs proved difficult to meet, however, because of insufficient monies budgeted to training. Transforming entire organizations and agencies to be trauma-informed may be the most successful approach for sustainability.

## System Infrastructure and Capacity Building

System infrastructure changes varied by site, and not all sites devoted resources to making these changes. Table 2.6 summarizes activities in each site.

**Table 2.6 System Infrastructure and Capacity Building**

Site	Activity
Boston, MA	<ul style="list-style-type: none"> <li>• Provided recommendations to the Massachusetts Departments of Public Health and Early Education and Care to include standards and guidelines for early education sites, home visiting, and early intervention programs in order to improve the identification of children exposed to violence and trauma-informed responses.</li> <li>• Developed a briefing document and supporting materials that were sent to the Massachusetts Department of Public Health and the Prevention Trust Fund to make the case to include exposure to violence as a preventable and prevalent health condition and to recommend evidence-based practices for addressing violence and trauma.</li> <li>• Worked with the Boston Police Department to update incident reports to include a check box to indicate if a child has witnessed domestic or community violence.</li> <li>• Implemented an intensive, long-term, training curricula for local child care organizations to become trauma-informed</li> </ul>
Cuyahoga County, OH	<ul style="list-style-type: none"> <li>• Created a streamlined service system that involved moving children from screening to assessment to treatment in a systematic way, involving major systems (e.g., court, child welfare agency) doing screening and referring children to one central location (Central Intake and Assessment) for assessment.</li> </ul>
Rosebud Sioux, SD	<ul style="list-style-type: none"> <li>• Revised tribal legislation and policy to be more responsive to children’s exposure to violence, providing the tribal council with suggested amendments to the Child Protection Code.</li> </ul>
Shelby County, TN	<ul style="list-style-type: none"> <li>• Built and implemented a shared data management system that allows partner agencies to, after signing Memorandums of Understanding, be able to share client data if their clients sign a Release of Information. This allows agencies to search the system to see if a client they are encountering for the first time has had previous interactions with a <i>Defending Childhood</i> partner agency.</li> </ul>

### *Challenges Related to System Infrastructure and Capacity Building*

One of the major lessons learned relates to fully understanding federal laws that regulate the use and disclosure of protected health information (e.g., the Health Insurance Portability and Accountability Act). Many believe this act completely prevents data sharing; it does not, but certain memorandums of understanding and releases of information must be in place. Additionally, it is important to understand state statutes regarding sharing of information (e.g., police investigative reports) so as to avoid creating something that could lead to unintended consequences. For example, in some states a police report is automatically public record, and any changes to a police report (e.g., adding space to discuss whether children were present during a domestic violence incident) may be increasing risk to victims by making their address public. It is also important to understand the unintended risks to victims in subsequent family matters or child protective proceedings. The lesson is to fully understand the necessary components to tracking and sharing certain data, and the potential unintended consequences of doing so.

## **Collaborative Bodies**

Every *Defending Childhood* site assembled a collaborative body, as required by their grants. These bodies varied in size, with the smallest having 12 partners and the largest having over 65. In general, all of the sites ensured that key public health, law enforcement, social service, and education stakeholders participated. Table 2.7 provides details on the collaborative bodies at all of the sites.

In some sites, organizations that had previously never worked together collaborated to make *Defending Childhood* happen. In other sites, especially Boston, Cuyahoga County, and Shelby County, there was a long history of interagency collaboration.

### ***Role of External Consultants and Researchers***

Two of the sites (Cuyahoga County and Shelby County) chose to hire an external consultant to drive the planning phase and early implementation. The consultant was reportedly able to see “big picture” issues when the collaborative body members would at times get “stuck in the weeds.”

Additionally, Cuyahoga and Shelby, as well as Grand Forks, had early involvement of local research partners, who helped provide data to inform the focus of the initiatives. These researchers conducted community needs assessments during Phase I that helped inform their site’s program model design and geographic target areas. Additionally, researchers helped collect local implementation data that was fed back to the initiative to inform and improve programming in real-time.

**Table 2.7 Collaborative Body and Management Across Sites**

<b>Site</b>	<b>Number of Collaborative Body Members</b>	<b>Core Management Team</b>	<b>Governance/ Leadership Team</b>	<b>Formal Subcommittees</b>
Boston, MA	65 organizations	Yes	Yes	None (some put together on ad-hoc basis)
Cuyahoga County, OH	60 organizations	Yes	Yes	<ol style="list-style-type: none"> <li>1) Services</li> <li>2) Policies &amp; Procedures</li> <li>3) Training</li> <li>4) Data &amp; Evaluation</li> <li>5) Community Engagement, Awareness &amp; Prevention</li> <li>6) Funding &amp; Sustainability</li> </ol>
Grand Forks, ND	40 organizations; 91 participants	Yes	Yes	<ol style="list-style-type: none"> <li>1) Stakeholders</li> <li>2) Prevention (3 working groups)</li> <li>3) Intervention (3 working groups)</li> <li>4) Data (1 working group)</li> <li>5) Rural Coalition</li> <li>6) Healthy Families Advisory Committee</li> </ol>
Rocky Boy's Reservation, MT	12 organizations	No	No	None
Rosebud Sioux, SD	9 organizations	No	No	None (some put together on ad-hoc basis)
Shelby County, TN	30 organizations; 80 participants	Yes	No	<ol style="list-style-type: none"> <li>1) Transforming Cultural Norms</li> <li>2) Building Child and Family Resiliency</li> <li>3) Screening and Referral for Children Suspected of Having Been Exposed to Violence</li> <li>4) Identification, Linkage, Referral for Children Who Have Been Direct Victims of Violence</li> <li>5) Identification, Linkage, Referral for Children Who Have Been Exposed of Violence</li> </ol>

### ***The Risk of Collaboration Fatigue***

Having multiple collaboratives with many of the same players can lead to “meeting fatigue” or “collaborative fatigue.” In many cases, collaborative body members were pulled in several directions and were attending meetings for similar or overlapping initiatives, many of which are federally-funded (e.g., National Forum on Youth Violence). As the initiative matured, some sites chose to merge similar collaborative bodies or fold *Defending Childhood* into a preexisting one.

Nonetheless, across all sites, there remained a real need to think creatively about how to keep organizations and their representatives engaged throughout implementation. Some organizations that were represented on the collaborative body early on became less interested once their programming did not receive funding or support.

### ***Including the Voice of Local Communities, Parents, and Youth***

At nearly all of the sites, staff and stakeholders repeatedly mentioned community buy-in as vital. Some sites partnered with local organizations in order to achieve additional buy-in and to include youth and parent voices with a deep understanding of the complex cultural and social context of the community.

## **Local Politics**

Local politics can serve as both a barrier and a facilitator to implementing any large-scale initiative, and indeed, that was the case for the *Defending Childhood* sites. For some sites, early support from political leaders helped push implementation along, generating political will and mandates “from above.” In Cuyahoga County, for example, turnover in county leadership, particularly within Public Safety and Justice Services (where the local *Defending Childhood Initiative* is anchored), presented a challenge. Part of the decision to embed the initiative within the county was for sustainability purposes, but the original leaders who had children’s exposure to violence constantly on their radar left, and the staff had to start over with new executives. While the new leadership has been supportive, it has been time-consuming to bring new leaders up to speed.

The Rosebud site faced challenges related to local tribal politics. The person who was the tribal council president at the start of the project fully supported the initiative. However, elections saw a change in tribal council administration, and when the new president came on board, he wanted to replace *Defending Childhood* staff.

A few of the urban sites had originally worked to develop relationships with the major school districts in their counties, but district mergers and turnover made it hard to consistently have the right people at the table.

## **Tribal Sites and Tradition**

The Chippewa Cree Tribe of Rocky Boy's Reservation has an estimated population of 3,500 tribal members, while the Rosebud Sioux Tribe has a population of over 24,000 members on Rosebud Reservation. Both reservations are rural in nature, with large expanses of land but few residents. However, Rocky Boy's Reservation is much smaller, with about 140 square miles compared to over 1,400 square miles at Rosebud. The two tribes have different languages and customs; their tribes have different laws and community norms.

Despite these differences, both tribal sites emphasized a return to tradition and culture as protective factors. At Rosebud, the Lakota way of life, or Lakal Wicohan, was incorporated into all the work of the Rosebud *Defending Childhood Initiative*. This approach manifested itself in multiple ways. For instance, service recipients are referred to as relatives, not clients. Collaborative meetings begin and end with saying "Mitakuye oyasin," Lakota for "all my relatives," reflecting their belief in the interconnectedness of all forms of life. Voluntary services offered included Wopakinte, a spiritual cleansing in the form of a sweat. Project staff attended a Lakota mental health first aid training to help guide their treatment and healing work. There are future plans for offering a Lakota naming ceremony for young people who do not have Lakota names.

Similarly, at Rocky Boy's Reservation, the staff focused on culture and language as central to their efforts. They stated, "Culture is prevention. Culture is unity. Culture is identity." The project puts a quote from Chief Rocky Boy at the center of its work: "Love one another and take care of each other." The philosophy of their initiative centers around the belief that a return to Chippewa Cree culture, tradition, and language is a protective factor for families and children on the reservation. At least one of the advocates is trained in traditional forms of healing (e.g., smudging and sweat lodges), and the staff incorporates song, dance, drumming, and prayer in their programming. The staff open meetings and events with prayers and sweet grass and use sage to cleanse and clarify the mind, body, and soul. At their community events, they incorporate traditional healing and ceremonial practices, spirituality, arts and crafts, tribal stories, native language, and native plants.

## **Tribal and Non-tribal Sites**

The tribal communities have suffered from decades of trauma. Federal policy has historically disrupted the cultural and familial ties of the native communities. Many of the non-tribal sites are home to large African-American populations who have also suffered historical trauma related to federal policy. Both of these populations are disproportionately represented in the criminal justice and child welfare systems. They also have a distrust of law enforcement, service providers, and researchers. Both communities also have a long history of oral tradition and storytelling and non-nuclear family models. For future initiatives that bring tribal and non-tribal sites together, it may be worth intentionally highlighting similarities in cultural norms and historical struggles.

## **Urban and Rural Sites**



Three of the sites, Boston, Cuyahoga County (which encompasses Cleveland), and Shelby County (which encompasses Memphis) can be described as large urban areas, and the remaining three, including the two tribal sites, are more rural (although Grand Forks does have a small city, the full county has many rural areas). Vast differences exist between implementing programming in urban areas and rural ones, many of which involve the challenges of access to services, especially during inclement weather.

While the grantees each had a deep understanding of their respective environments, those in rural areas felt that they were not learning from the national dialogue on violence, which tended to focus on urban issues. Additionally, as *Defending Childhood* grantee all-sites meetings started becoming combined with all-sites meetings for other Department of Justice violence-related initiatives such as the National Forum on Youth Violence, which focuses on gang violence in urban areas, representatives of the rural sites felt more and more left out of the conversation.

As discussed further in Chapter 3, one of the technical assistance providers highlighted the need for more intensive technical assistance in rural areas.

## **Evidence-Based and Promising Practices**

Since the inception of the *Defending Childhood* Initiative, emphasis has been placed on the use of evidence-based or promising practices to address children's exposure to violence. Most sites used the National Child Traumatic Stress Network (NCTSN) as a resource, which focuses on empirically supported and/or promising treatment practices. The most commonly used practice across the sites was Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Despite the emphasis on evidence-based practices, nearly every site used additional programs that were not evidence-based. At one site, staff stated that the requirement to focus on evidence-based practices hampered innovation and that working with new and promising programs could be important for learning more about what works in the field of children's exposure to violence. Additionally, some stated that while a program could be evidence-based, it may not be applicable to the populations that the sites are working with.

One of the lessons learned from the implementation of the *Defending Childhood Demonstration Program* is that it may be challenging to engage children who have been exposed to violence for the full length of time that many evidence-based treatments require. Sites might have benefited from clearer information regarding what makes an approach evidence-based and the functions and limits of evidence-based treatments.

The two tribal sites adopted several well-established approaches within tribal communities that only have local community validation as their evidence base. The NCTSN does highlight some promising practices for use by tribal communities, including: 1) Honoring Children, Making Relatives for ages 3 to 7; 2) Honoring Children, Mending the Circle for ages 3 to 18; and 3) Honoring Children, Respectful Ways for ages 3 to 12. These programs are adaptations of TF-CBT. The Rocky Boy's initiative utilized the Medicine Wheel Model, which is considered to be a promising practice, and Honoring Children, Mending the Circle. The medicine wheel model is

used to address trauma and events that have affected American Indians.<sup>62</sup> Going forward, it is worth exploring: 1) greater incorporation of promising practices at tribal sites; or 2) further study of other potentially innovative practices and methods that target tribal populations.

### *Adaptions and Fidelity*

When evidence-based or promising program models are selected for implementation, one key consideration is program fidelity. Program fidelity refers to the degree to which the delivery of the program adheres to the model as intended by the program developers.

In many situations, programs may deviate from the model because of context, target population, staff, or other important reasons. Program adaptations are often deemed necessary by practitioners in order to make the program more suitable for a particular population. In fact, recognizing the importance of adapting evidence-based programs for local context, the U.S. Department of Health and Human Services' Office of Adolescent Health and the Centers for Disease Control and Prevention's Division of Reproductive Health have developed guidelines to help local organizations adapt adolescent reproductive and sexual health evidence-based programs.<sup>63</sup>

In Boston, the Coaching Boys into Men curriculum was adapted extensively to make it more appropriate for a different age group and for the inclusion of girls. Working closely with the program developers, the adaptations involved the incorporation of components of two other programs and resulted in a new version of the program, titled "Boston's Coaching Boys into Men", that was believed to be the best fit for the target audience. In Grand Forks, implementation of school-wide universal prevention led to the adaptation of some evidence-based programs-- particularly during its second year of implementation--in order to ensure that lessons on topics such as bullying continued to resonate with students, who otherwise might be disengaged because of having been exposed to the same lesson plans and activities the previous year.

Program fidelity is most accurately measured across five areas: program adherence, quality of delivery, program exposure, participant responsiveness, and program differentiation.<sup>64</sup> Only an appropriate evaluation of the fidelity of the program or intervention can produce an assessment of the impact of the adaptations on outcomes. Absent such formal fidelity assessments, it cannot be determined whether any observed impact, or lack thereof, is attributable to the adaptations, implementation factors, program design, or other issues.

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<sup>62</sup> Gray JS and Rose WJ. (2011) "Cultural Adaptation for Therapy with American Indians and Alaska Natives." *Journal of Multicultural Counseling and Development*, 40:82-92.

<sup>63</sup> More information about these adaptations specifically can be found at:

<https://preventyouthhiv.org/content/promoting-evidence-based-approaches-adaptation-guidelines>

<sup>64</sup> For more information on evaluating fidelity, please see: A) Mowbray CT, Holter MC, Teague GB, and Bydee D. (2003) "Fidelity Criteria: Development, Measurement, and Validation." *American Journal of Evaluation*, 24:315-340; B) Durlak JA and DuPre EP. (2008) "Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation." *American Journal of Community Psychology*, 41:327-350; and C) Fagan AA, Hanson K, Hawkins JD, and Arthur MW. (2008) "Bridging Science to Practice: Achieving Prevention Program Implementation Fidelity in the Community Youth Development Study." *American Journal of Community Psychology*, 41:235-249.

## **Place-Based v. City/County-wide Strategies**

The four non-tribal sites took two distinct approaches in terms of targeting. Two sites chose to focus their work throughout their whole jurisdictions (Grand Forks, Cuyahoga County) and two sites (Boston, Shelby County) chose to target select high-risk neighborhoods for most programming.

There are advantages and disadvantages to each approach. Choosing to target a whole jurisdiction may seem like a daunting task for large cities, especially when the goal is to reduce violence across that whole geographic area. However, if the strategies include creating citywide or countywide infrastructure, the initiative may be sustainable after grant funding ends.

Further, if the jurisdiction is small enough and the local school district is willing to be a partner, prevention programming can potentially reach nearly all children and youth in the community. Universal prevention may be especially desirable if the types of violence that are most prevalent are teen dating violence and bullying. In-school prevention programs may also be sustainable after grant funding ends, given low costs after initial expenditures on curricula and training.

In many cases, it may make more sense to offer targeted efforts in select neighborhoods that are disproportionately affected by violence. In large urban environments, where one neighborhood may be very different from the next, needs and strategies may vary for each area. However, this means that some children who do not live in the targeted neighborhoods but who have been exposed to violence may not be reached.

## **Silos**

The *Defending Childhood Initiative* is one of the few national programs to look at all different types of violence—domestic violence, community violence, teen dating violence, bullying, child abuse and neglect—and to try to encourage public health, law enforcement, education, and social services to work together. The formation of collaborative bodies to encourage collaboration among disciplines that usually work in silos was a great accomplishment. However, early on in the initiative, federal funding streams forced some of the demonstration sites to rebuild these silos in specific, prescribed ways. For example, in early collaborative meetings, the collaborative bodies at each site made decisions about which types of projects to fund based on community need. However, when the sites were to start implementation, they were notified that some of their grant money would be coming from the Office of Violence Against Women, which required them to spend a portion of their money specifically on domestic violence direct service work. This change was problematic because collaborative bodies had to develop new plans and budgets with more restrictions, which those at some sites felt worked counter-productively to rebuild the silos between domestic violence and community violence that they had worked so hard to tear down.

## **Transitions: Technical Assistance Providers and Federal Grant Managers**

In Phase I (October 2010 – September 2011) of the *Defending Childhood Demonstration Program*, sites were tasked with conducting a community needs assessment and developing a strategic plan. Strategies were chosen, and, in some cases, funding allotments were made collaboratively through a consensus process. During Phase I, the technical assistance (TA) provider was JBS International, Inc. However, OJJDP awarded the technical assistance grant for Phase II (beginning October 2011) to Futures Without Violence. The new TA provider needed to spend time developing relationships at a critical point in implementation. As one project director stated:

*The first TA provider we had a relationship with. The new group comes in and is like, 'Let's get to know each other' as we're trying to hold our head above water trying to implement our system. We were at different places. Now we're coming closer together but during that transition, we were on different tracks. We've already done that. We went through a long community process, made our decisions; we can't go back and change things.*

Another project director stated, “I don’t think this was ever explicitly stated, but Futures always seemed to be several steps behind what was actually needed in regards to training and webinars.” Some said that the Center for Disease Control’s Science of Implementation training that Futures Without Violence invited them to was extremely helpful, but it happened in March 2014—three years after implementation began.

These sentiments were less a reflection on Futures Without Violence, whom the sites identified as helpful, than an indication of the difficulty in changing TA providers at a critical juncture of the initiative. As part of this transition, the new TA provider had to spend necessary time getting to know the sites—and the strategic plans that each site had already forged in Phase 1. Futures Without Violence staff expressed similar sentiments.

There were transitions at the federal level as well. Years into implementation, a reorganization at OJJDP led to a change in grant managers for the sites. Similar to the change in TA provider, it took a while for the new grant managers to establish relationships with the sites. Trust is often a crucial element during the startup of new and complicated initiatives. While staff transition is inevitable (and often a good thing), federal funders might consider how best to manage changes in personnel to minimize disruptions for sites. This might include creating systems to pass along historical knowledge to new grant managers and TA providers and creating opportunities for new personnel to interact informally with sites (not just on site visits or training sessions).

## Chapter 3

### Recommendations

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This chapter highlights recommendations for jurisdictions that want to address children's exposure to violence. The chapter also provides recommendations for funders, technical assistance providers, and researchers. Some recommendations are specific to multi-pronged efforts to address children's exposure to violence, whereas others may have broad applicability to analogous large-scale, multi-site, independently funded and evaluated justice initiatives. The 58 total recommendations were developed both through interviews (staff and stakeholders at each site were directly asked about their recommendations) and independent observations by the research team.

#### Recommendations for Jurisdictions Interested in Replication

These recommendations are divided into three major sections: (1) planning; (2) implementation; (3) sustainability.

##### *Planning*

1. Consider where to anchor your initiative. There are pros and cons to having the initiative run out of local government. The potential constraints of local government include residency requirements for staff, bureaucratic approval processes for spending money, social media restrictions, and limitations on advocacy work. The potential benefits include strong infrastructure to run a large initiative, and the political support that comes with endorsement by key local leaders (e.g., mayor). Sites may also choose to anchor their initiative at a community-based organization that has a longstanding history of addressing issues of violence (e.g., a local treatment provider).
2. Carefully weigh the benefits and drawbacks of geographic (place-based) targeting. Before designing any initiative, a jurisdiction should conduct a needs assessment to identify high-risk communities and assess existing service capacity. In some cases it may make sense to target programming where there is the greatest need—neighborhoods with high concentrations of violence and scant services. This is especially true when resources are limited and need is disproportionately concentrated. In other cases, when is not concentrated in certain neighborhoods, it may make sense to try to reach the whole community (e.g., Grand Forks). Where feasible, implementing professional training (e.g., Boston) or jurisdiction-wide changes to policies, protocols, and processes (e.g., Cuyahoga) may comprise effective community-wide approaches.
3. When possible, use consensus to make decisions. Consensus and transparency in decision-making regarding the choice of strategies may help maintain high levels of active involvement among collaborative members. Additionally, when stakeholders feel like they have been able to voice their opinions as part of the process and can see how the

decision is made, they may be more likely to accept programmatic decisions that may not have been their ideas or may not provide funding to their organization.

4. Use a consultant early on to drive the planning and early implementation processes. Hiring an external consultant—especially one with strategic planning experience—to facilitate meetings and synthesize action steps can help move the initiative along early in the process.
5. Involve researchers early. Bringing a local research team on board early will help facilitate data-driven decision making, as well as allow for collection of baseline information on activities that are not included in the external evaluator’s outcome evaluation (e.g., individual-level outcomes for young people going through a treatment program). For this to occur effectively, sites and federal partners will need to think carefully about respective roles of local research partners and national evaluators to avoid role confusion and duplicative work.
6. Fully understand overlapping initiatives. Some of the *Defending Childhood* sites had other Department of Justice grants (e.g., National Forum on Youth Violence) that required collaborative efforts among the same community players. Others had existing collaborative bodies that addressed a different topic (e.g., early childhood education) but involved all the same health, mental health, education, and law enforcement stakeholders. Jurisdictions should fully understand initiatives and consider folding their new initiative into one of the established collaborative bodies in order to prevent collaborative—and evaluation—fatigue.
7. Budget for an administrative assistant. There are many reporting requirements involved in such a large initiative: quarterly reports to funders, evaluators, and technical assistance providers. Additionally, there are many administrative tasks related to budgets, grant management, collaborative coordination, and hiring processes. The project director also has to focus on the big picture, including, planning, reporting, and high-level decision making. It may not be best use of the project director’s time to handle time-consuming tasks or direct service management, and sites should budget for an administrative assistant to help ease the bureaucratic burden.
8. Create a classification system to organize types of programming. The *Defending Childhood Demonstration Program* sites’ chosen strategies fit into the following classifications: screening and assessment, case management and advocacy, treatment and healing, prevention, community awareness, professional training, and systems infrastructure/capacity building. Organizing activities into these or similar classifications may be a good way to help collaborative bodies make strategic decisions about resource allocation.
9. Plan for sustainability. Although sustainability recommendations are discussed in detail below, it is important for sites to begin thinking about sustainability at the start of the initiative. Early on, sites must consider how they will be able to sustain staffing and services beyond the length of their immediate funding, and this can often inform their

choice of strategies and programs, such as investing in large-scale systems change, capacity building, organizational movement to becoming trauma-informed or professional training. Building local and political buy-in can be instrumental to ensuring long-term sustainability and leverage local funds to move strategies beyond the initial stages. Sites should also identify funding streams available for direct service provision, such as health insurance, Medicaid/Medicare, or local and state funding.

### ***Implementation***

10. Offer home-based services to overcome transportation obstacles. Many families face barriers to access services, be it lack of transportation, lack of money, or lack of service availability in convenient or accessible geographic locations. Offering home- or school-based services may help reach more people than office-only services; this is particularly true in rural areas.
11. Look for unique ways to leverage existing resources. Some of the *Defending Childhood* sites were able to leverage available resources to disseminate information about their initiatives. For instance, in Shelby County, a local public relations firm was able to obtain a donation of flash drives, which were then loaded with *Defending Childhood* information and distributed to local social service agencies. Similarly, in Grand Forks, the public relations team knew that advertising on local buses was an efficient, low-cost way to promote the initiative.
12. Focus on the positive. Particularly for universal prevention programs that target both those at-risk for violence exposure and those not at-risk, jurisdictions should consider choosing programs that focus on healthy relationships, positive friendships, and building resiliency—principles reflected, for example, in the approach to prevention in Grand Forks.
13. Beware of mission creep. Many people who are exposed to violence are also victims of associated social problems such as poverty and structural racism. While these other needs are important too, jurisdictions should be mindful of mission creep. This is especially true for sites doing place-based outreach and case management, where it is easy to shift focus away from addressing children’s exposure to violence to addressing issues related to concentrated poverty and housing instability.

### ***Sustainability***

14. For smaller communities, consider focusing on prevention in schools. A potentially effective way to ensure continued programming is for schools to be the site of prevention programming and initial grant funds to be spent on buying curricula and training school staff to run the program. These kinds of prevention efforts may subsequently be institutionalized at low costs.
15. Prepare for unintended consequences. Increased awareness of children’s exposure to violence may lead to increases in local service utilization—more children referred to

local services, school counselors, child welfare, foster care, and the court system. This can place a burden on local capacity and can strain existing resources. Preparing for the potential for a long-term increase in service utilization and ensuring the agencies and organizations can take on the additional work or have access to greater resources is important.

16. Promote institutional adoption of best practices. Because individual staff may not stay with an agency for a long period of time—indeed, there was a lot of turnover in frontline staff across the demonstration sites—an approach that relies on training individual staff may not be sustainable, as new staff will constantly have to be retrained. Therefore, when offering professional training, sites should focus not strictly on increasing the knowledge of individual staff members, but also on promoting specific outcomes for agencies, such as adoption of agency-wide protocols, practices, and treatment modalities. In this way, after grant funding ends, agencies will have already incorporated best practices into their organization.
17. Focus on systems change. While funding treatment, healing, and prevention programs may address immediate needs, these programs may be hard to maintain after grant funding ends. Instead, new sites should think about systems changes that will help to sustain the work after grant funding has ended. Specifically, sites should consider emphasizing strategies such as universal adoption of tools (e.g., screeners, assessments) and the creation of centralized intake and referral mechanisms. Sites should also focus on training as a vehicle for institutionalization, as doing so may improve the capacity of agencies to offer specific treatments, as opposed to funding the treatment services themselves.

## **Recommendations for Tribal Communities**

Native American and Alaskan Native communities are diverse with respect to language, culture, history, governance, and relationships with the United States federal government. Some tribes may have a history of working with the federal government; others may not be open to any collaboration or funding from non-tribal individuals. Many tribes are accustomed to receiving funding from sources such as the Bureau of Indian Affairs or the Indian Health Service; fewer have experience working with funders like the Office of Juvenile Justice and Delinquency Prevention. Many tribes around the country are considering the impact of historical trauma and injustice as they work through issues of violence in their communities and the lives of their children.

We asked the project coordinators, staff, tribal TA providers, grant managers, and tribal leaders of the Chippewa Cree and the Rosebud Sioux about recommendations they may have for other tribal communities that aim to work on the issue of children’s exposure to violence. This is a summary of their recommendations, along with observations from the research team.

1. Have faith. Working in the area of children’s exposure to violence can be challenging, especially in an environment where people may not understand the topic, may be in denial about its prevalence, or may think it is taboo to discuss. Children’s exposure to



violence is connected with other problems such as poverty, substance abuse, mental health issues, education, and employment. The obstacles to success can be overwhelming. As one tribal project coordinator stated, “Have faith that what you do will help people.”

2. Work together and take care of each other. Success is usually based on the collaborative efforts of all members of a team, who must remember they that they cannot do everything themselves and that they need to work together. Team members have to draw on each other’s skillsets. An important aspect of working as a team is self- and community-care, particularly for frontline staff working directly with victims. Ensuring that staff are taking care of themselves and feel supported is essential. Tribal teachings also say that humor is part of life. Although the work is obviously serious, humor can provide a way of healing and contribute to self-care. Another suggestion is to provide opportunities for everyone to come together over food, prayer, and smudging.
3. Adopt a strengths-based approach. Typically, communities identify a problem and then work to address the problem using a deficit-focused perspective. Tribal communities are more likely to focus on the strengths of a situation which can then lead to seeking solutions through a collaborative and consensus building approach. A strengths-based approach draws on the strengths of communities in areas such as indigenous knowledge, the role of elders, extended families and relationship structures, and connections to nature and spirituality.<sup>65</sup> One of the ways this approach was apparent in the tribal sites of the *Defending Childhood Initiative* was their focus on tribal tradition and culture as a protective factor for youth in their communities.
4. Consider local politics. Multi-year, grant-funded projects often do not account for changing governance and local political support. Programs may be supported by one tribal council, but the next tribal council may have different priorities. Sites should work closely with their grant managers to ensure that grant-funded positions are filled with qualified staff and not given out as a form of payback for political support. Staff turnover that follows from local politics may affect staff morale, program quality, and program consistency.
5. Streamline processes. While much of the onus is on the federal government to ensure program and staff stability, tribal communities need to reflect on how to constructively address the issue of ensuring continued political support and staffing for grant-funded opportunities that tackle issues that are important for their communities. Streamlining processes and ensuring accountability and transparency about funding and hiring may help to ensure sustainability. Another recommendation is to set up an advisory or decision-making board in advance of grant funding that is permanent for the length of the grant and that includes key tribal members who are respected and unlikely to change, such as tribal elders or peacemakers. If staff turnover is inevitable, some efforts can be made to reduce the impact, including establishing clear written protocols and procedures

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<sup>65</sup> Tagalik S. (2010) A Framework for Indigenous School Health: Foundations in Cultural Principles. National Collaborating Centre for Aboriginal Health. Available at: [www.nccah-ccnsa.ca/docs/nccah%20reports/nccah\\_cash\\_report.pdf](http://www.nccah-ccnsa.ca/docs/nccah%20reports/nccah_cash_report.pdf).

and ensuring that grant managers, TA providers, and other key individuals have detailed knowledge about the ongoing work.

## **Recommendations for Funders**

With an initiative as comprehensive as *Defending Childhood*, funders face challenges ensuring that requirements of the larger initiative are met while providing flexibility for individual demonstration sites. Here we provide a summary of recommendations to funding agencies synthesized from the feedback of the program site staff, technical assistance providers, grant managers, and the research team.

### ***Communicate Clear and Realistic Expectations***

The sites were tasked with addressing children’s exposure to violence in three primary ways: 1) preventing children’s exposure to violence, 2) reducing its negative impact, and 3) increasing public awareness. This is a colossal ask for a two- to three-year project. Each site faced its own challenges, from large urban environments where it is challenging to make a citywide impact (e.g., Boston, Cuyahoga, and Shelby) to less populated rural areas where it is hard to reach people and engage them (e.g., Chippewa Cree, Grand Forks, and Rosebud). The tribal sites had their own additional challenges, with high rates of unemployment, alcoholism, substance abuse, and historical trauma. Funders should strive to:

1. Make goals specific and achievable. Funders should specify realistic process and outcome goals at the start of the project and continue to reinforce those over the course of the grant. As one grant manager stated: “We don’t do a good job of messaging expectations when we put something together that is so complex.”
2. Be realistic about impact. While outcome evaluations are important, when the timeframe for producing change is under five years, and funds are limited, it will be difficult to move county-wide or citywide indicators of violence.
3. Evaluate outcomes and impact only after sites have had sufficient time to implement chosen strategies. Requiring an outcome evaluation of sites that are not ready to be evaluated—because their programming has taken a while to get up and running—can do more harm than good. An outcome evaluation could potentially show no impact, thereby having a negative effect on future funding or local support, when in fact the program was simply not ready for evaluation. Moreover, because all sites implemented community awareness campaigns, some core community indicators might move in a negative direction: it may in fact look like violence has increased when numbers may just be capturing more awareness and more reporting. Funders should be mindful about making judgments about success or lack thereof based on outcome evaluations that are done over the course of a short timeframe.

### ***Fund for a Longer Timeline***

The original implementation funding was supposed to be for three years, but when sites were notified about their awards, they were told the timeframe had to be changed to two years due to the constraints of the funding streams. While program implementation was supposed to start in October 2011, many sites' revised budgets were not approved by OJJDP until early 2012. Some community members who were the intended targets of the initiative expressed concerns about another well-intentioned program only coming to their community for a short time period. Although sites were twice given additional funding that extended the project by multiple years, the original timeframe created challenges for the sites. Specifically, funders should fund for longer periods of time to:

4. Allow for recruitment of high quality staff. Hiring key staff such as licensed therapists or training coordinators takes time, especially when job postings need to get approval by local governments. Then staff may need to be trained. Sites found it challenging to hire qualified candidates when they were only able to offer them a year to a year and a half of job security.
5. Allow time for impact. In order to achieve large-scale impact, sites should be given at least five years of funding up front in order to build the necessary infrastructure to implement successfully. Evaluations should be funded for at least two years after the end of programming to allow for data collection through the end of implementation, as well as post-implementation (to test for the sustainability of any observed effects).

### ***Incorporate Certain Structural Requirements into the Original Request for Proposal (RFP)***

Common “we wish we had known earlier” themes emerged across the sites, specifically around items they wish they had been told to budget for. In future request for proposals, funders should:

6. Ensure that sites budget for an administrative assistant. Project directors spent a significant amount of time responding to requests for information from OJJDP, the technical assistance team, and the evaluation team. Additionally, for those sites that offered grants to local community-based organizations, there was a lot of paperwork and monitoring to be done. At times, project directors spent time managing trainings or direct services. At the tribal sites, the paperwork required to get tribal council approval to spend funds was significant. Funders should encourage organizations responding to reporting-heavy request for proposals should budget for at least a part-time administrative assistant.
7. Ensure that sites budget for a local research partner. It is critical for each site to have a local data and evaluation partner on board from the beginning. With such a large initiative, where each site is choosing a different package of strategies to address children's exposure to violence, the cross-site evaluator cannot do evaluation at the individual level.
8. Ensure that original RFP fully discloses funding sources and their implications. When sites originally developed their strategic plans, they were unaware that part of their

funding would be coming from the Office of Violence Against Women (OVW). They were informed of this after their plans had been developed through a long, collaborative local process. The OVW money had specific requirements about funding domestic violence direct services, which some sites had not planned for. Additionally, this requirement helped to rebuild the community violence/domestic violence silos the sites had worked hard to break down during the initial strategic planning phase.

### ***Improve Internal and External Coordination***

There were multiple players involved with the *Defending Childhood Demonstration Program*. There was the programmatic funder (OJJDP), the program sites, the research funder (National Institute of Justice), the research and evaluation partner (Center for Court Innovation), and the technical assistance provider (Futures Without Violence). While each had a unique role, there could have been better synchronization. Funders should:

9. Minimize the number of transitions. Over the course of the initiative, there was a change in technical assistance provider and a change in the grant managers for each site. Funders should recognize that this disrupts relationships and that when new players are brought in, historical knowledge—about the initiative, about the sites’ program models, about why certain decisions were made—is often lost. Whenever possible, funders should try to reduce the number of these transitions and only make them if absolutely necessary.
10. Improve coordination among key partners. Although there were phone meetings involving the funders, the technical assistance team, and the evaluation team, these often did not address challenges of coordination. These meetings could be used to discuss how best to work as a team to make things easier for demonstration sites. Additionally, funders should coordinate a streamlined reporting process so that the sites do not have to do multiple reports for the different partners.
11. Connect new sites with original demonstration sites. Federal funders that plan to fund similar initiatives or new sites under the same initiative should pair new sites with one of the six sites evaluated under the *Defending Childhood Demonstration Program*. Existing sites could serve as mentor sites to new ones that are similar in jurisdiction or strategy. This could help new sites avoid errors in the early stages of planning and implementation, and help facilitate decision making.

### ***Hasten Approval Process for Public Messaging***

Many of the sites struggled with the level of regulation and restriction over printed material and the length of time it took to receive OJJDP approval for all public messaging. This also applied to many events, conferences, trainings, and site visits. This problem led to delays in awareness campaigns and professional and community trainings, frustrating those working in the sites. It also led to higher costs since planning and travel arrangements could not be initiated until approval was received. In some cases it took over six months to receive approval. Given this, funders should:

12. Set realistic and reasonable timeframes for approval. Funders should be required to approve materials submitted by sites for review within a set time frame, and that time frame should be communicated to the sites at the start of the initiative.
13. Create a policy for social media. In an age of social media where much communication and promotion is done immediately on websites such as Facebook and Twitter, sites cannot submit every message for approval. Sites must be given flexibility to tweet or post about events, especially when they are in response to something that has happened (e.g., an immediate response to a shooting). Additionally, funders should create a list of trusted organizations that sites could share or “repost” materials from without prior approval.

### *Allow for More Flexibility*

14. Allow grant funds to be used for food. Across all cultures and geographic locations, and especially in impoverished communities, providing food at community events is an important tool. Federal restrictions on the reasonable spending of grant monies on food for initiative-sponsored events can lead to staff spending their own money out-of-pocket or lower attendance rates.
15. Encourage research partners to incorporate non-western research practices. Federal funders such as the National Institute of Justice often encourage their grantees to develop research designs that are based on western social science and the scientific method, with an emphasis on random assignment and quasi-experiments. These designs may not be applicable in tribal communities or, at minimum, may need to be supplemented. Funders of evaluation should highlight in their RFPs the role that alternative evaluation models, such as case studies and storytelling, might play in helping to document work in tribal communities.
16. Support both evidence-based and non-evidence-based programming. All sites expressed concern that the federal government’s emphasis on evidence-based programming limited their options. Evidence-based programming may be too lengthy for some families to complete. Sites felt restricted in developing new and innovative practices, or adopting good programs that have not been evaluated. Funders should encourage a combination of both evidence-based and non-evidence based programming—while promoting rigorous local research and evaluation plans where novel approaches are tried.

### *Understand Tribal Communities*

Funders working with tribal reservations need to have a strong understanding of the needs of these communities, as well as the historical role that federal funding has played there.

17. Understand that the spending processes may be more complex for tribal sites. Tribal leadership is the signatory for the federal grant management system (GMS), and when tribal leaders change, new ones may not know how to make adjustments and submissions in GMS. When a report is not submitted or submitted late, the tribes cannot draw down

funding, and, due to local politics, this can lead to jobs being threatened. Grant managers must play a more active role than they might with non-tribal sites.

18. Be mindful of tribal politics. Like many state and local communities, there is a certain degree of “politics” on tribal reservations, where jobs are perceived as a form of payback for political support. Often, local tribal officials see grants as “job creators.” Given the high unemployment rates, grant-funded positions can become a contested political issue. In addition, because of the intensity of politics on the reservations, staff members are often nervous that they will lose their jobs for reasons that are unrelated to job performance. And when the federal government was shut down in the fall of 2013, staff were threatened with termination because the tribe could not draw down money to pay their salaries. Grant managers must pay close attention to how local politics is affecting staffing and morale.
19. Provide support for evaluation and technical assistance grantees. Research and technical assistance grantees should be connected to other federal grantees that are doing evaluation and technical assistance work with tribal communities in order to facilitate discussion of best practices and alternative research designs. Tribal communities can also be encouraged to bring in local evaluators, if they have existing relationships, to partner with national evaluators.

## **Recommendations for Technical Assistance Providers**

In general, the *Defending Childhood Demonstration Program* sites had positive impressions of the technical assistance (TA) providers, and the tribal sites in particular were thankful for the inclusion of a native TA provider.

1. Help sites understand relevant laws. TA providers should help sites understand the full implications of laws such as the Affordable Care Act, the Violence Against Women Act, the Health Insurance Portability and Accountability Act, and the Family Educational Rights and Privacy Act that may potentially affect programming.
2. Focus on the science of implementation. At the start of the implementation phase, many of the sites did not need help in choosing strategies to address children’s exposure to violence, but rather needed help moving their initiatives from paper to reality. TA providers should focus on helping sites through the logistics of implementation and provide “on the ground” assistance.
3. Provide onsite TA. Bringing the sites together on an annual basis is important, but often project staff have a hard time translating what they learned into practice when they return to their sites. After all-site meetings, TA providers should visit sites to help them adapt some of what was discussed to their local programming. TA providers should budget for multiple site visits to each site. They should also cater their work to the individual sites.

4. Be mindful of differences between urban and rural populations. Sites in urban areas tend to have more resources than rural communities. When convening all-sites meetings, TA providers should include specific components that address these unique challenges.
5. Work with a native TA provider. If working with tribal sites, it may be important, or even imperative, for the TA provider to partner with a native-run organization that can help provide culturally appropriate assistance to tribal sites. This step will help make the assistance more accepted and more relevant.
6. Provide webcasts. Because sites have limited travel funds, all-sites meetings are usually restricted to a handful of participants from each location. However, many of the topics covered would be useful for other team members as well. TA providers should live stream or archive videos of the speakers so that others can learn from the meetings—and those who are there can go back to refresh their memories.
7. Host podcasts that highlight unique strategies. To highlight success stories and unique strategies, the TA provider could host regular podcasts or events where local initiatives can discuss their approach.
8. Reduce the number of meetings sites as time goes on. Once sites have been up and running for multiple years, biweekly phone calls that were helpful at the start may become burdensome. Consider hosting them on an ad-hoc basis.
9. Provide both proactive and reactive technical assistance. TA providers should react to the needs of the sites as they work to implement their strategies, but should also work to identify trends and missing knowledge and to plan for emerging issues. Proactive TA provision may require the use of affinity groups or more peer-to-peer learning opportunities that can help TA providers identify important issues early on, while also provide important learning opportunities for sites.

## **Recommendations for Researchers and Evaluators**

Evaluating a multisite, comprehensive initiative where sites employ different activities can be challenging. The evaluation of the *Defending Childhood Demonstration Program* included both a process and outcome evaluation. (The outcome evaluation report is forthcoming later in 2015.) The following recommendations emerged for future large-scale evaluations:

1. Develop local knowledge. Researchers should take time to get to know the sites. This means not only forming and maintaining relationships with local staff members, but immersing themselves in the geographic and historical context of the communities. To accomplish this task, it is essential to make multiple site visits. Additionally, research teams should invest time in learning about tribal history relevant to the particular tribal sites.
2. As much as possible, streamline reports. Collecting implementation data on a regular basis is important to both funders and evaluators. Whenever possible, reports should be

streamlined. Before creating any new reporting requirements, researchers should obtain the report formats that funders require. Federal funders and evaluators are often seeking different information. However, it is important for researchers to make a good faith effort to streamline reporting.

3. Give back. Because reporting requirements can be burdensome, it is important for researchers to “give back” to the sites (at least to the extent that doing so is feasible). Examples include: helping design local evaluations, adding questions to data collection tools or surveys, offering to present key evaluation findings, and providing access to data (e.g., to run their own analyses and incorporate into future grant proposals). Researchers should also present interim findings to staff at the sites so that they can see how the data they submit is being used and what story it is telling.
4. Ask the sites for their input. And then ask again. Sites should be involved at various stages of the evaluation process. Early on, researchers should ask the sites for their input on tools and instruments and the terminology and language used to discuss the initiative. Sites should also be asked to help design the outline for any reports that will be publicly available. Finally, sites should be given the opportunity to review and provide feedback on any reports produced. Transparency is absolutely critical to conducting effective research.
5. Conduct a process evaluation. With initiatives like *Defending Childhood* that seek to address complicated issues in a relatively short period of time, a process evaluation may provide more lessons than an outcome evaluation.
6. Employ a mixed-methods study. Evaluations must use a combination of quantitative and qualitative data in order to fully understand the effects programs have had on communities. When possible, qualitative interviews or focus groups with program participants should be considered.
7. Embrace non-western approaches when working with tribal sites. There is a long history of distrust in many tribal communities that feel they have been the subject of (and subjected to) studies that harmed their people. Given this history, tribes may be hesitant to participate in an evaluation by outside researchers. Therefore, to the extent feasible, researchers should embrace non-western methods (e.g., storytelling) that acknowledge and respect tribal values, history, and social structures. These methods can supplement researchers’ standard tools. No matter what methodology is selected, researchers should seek local input. In implementing a telephone survey, for example, researchers could ask for feedback on language and response categories, in addition to getting tribal councils’ permission to administer the survey. Seeking tribal approval of evaluation and research projects is an important way to recognize tribal sovereignty. In any approach, findings must be interpreted in ways that incorporate cultural and contextual factors.
8. Be mindful. Evaluation reports can have positive and negative impacts on sites and their ability to sustain their work. Outcome and impact evaluations, although ideal, should only be done for sites that are ready to be evaluated. Process evaluations are important, and need to



be candid about barriers and shortcomings; yet, humility on the part of evaluators is also important in acknowledging the daunting challenge of successfully implementing numerous strategies, involving multiple agencies and individuals, to address a serious social problem.

**Appendix A**  
**Aggregate Program Outputs by Year**  
**(October 1, 2011 – September 30, 2014)**

<b>Number of Collaborative Body Meetings</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
56	64	38	158

<b>Number of Professional Trainings</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
93	299	241	633

<b>Number of Individuals Trained</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
2,406	3,757	3,575	9,738

<b>Number of Community Awareness/ Education Events</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
138	343	242	723

<b>Number of Audience Members<sup>66</sup></b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
7,185	22,258	121,283	150,726

<b>Number of Individuals Receiving Treatment/Healing or Prevention Services</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
5,104	10,759	10,463	26,326

<b>Number of Publications/Advertisements</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
90	222	235	538

<b>Number of Recipients<sup>67</sup></b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
41,294	3,357,986	4,392,023	7,791,303

<sup>66</sup> The much larger number in Year 2 can be explained with the increase in community awareness activities, and, for some sites, many of these activities were presentations to audiences over 1,000 people.

<sup>67</sup> If a publication was a television or radio PSA or a billboard advertisement, for example, the number of recipients represents the potential viewing audience.

<b>Publication/Advertisement Types</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>Handouts/Flyers/Brochures</b>	24	69	82	175
<b>Newsletters</b>	2	16	6	24
<b>Curriculum Guides</b>	11	7	1	19
<b>Surveys</b>	5	3	0	8
<b>Email/Mailer/Website/Social media</b>	4	41	95	140
<b>Awareness Item (e.g. bracelets)</b>	0	18	2	20
<b>Journal Article</b>	0	1	0	1
<b>Press Release/Newspaper Article</b>	7	19	5	31
<b>Newspaper Ad</b>	0	0	6	6
<b>Radio PSA/News Story</b>	7	10	10	27
<b>TV PSA/News Story</b>	1	3	0	4
<b>Web PSA</b>	0	3	2	5
<b>Banners/Billboards</b>	0	12	3	15
<b>Miscellaneous</b>	17	14	14	45
<b>Total</b>	<b>78</b>	<b>216</b>	<b>226</b>	<b>520</b>

## Appendix B Process Evaluation Stakeholder Interview Protocol

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### Process Evaluation Interview Protocol

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Role within the Initiative: \_\_\_\_\_

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1. How are you involved with the Defending Childhood Initiative?
  - a. Are you on the core management team?
  - b. Are you a member of a subcommittee? If so, which one?
  - c. Are you your organization's representative to the collaborative?
  - d. How often do you attend Defending Childhood-related meetings?
  
2. What has been the role of the collaborative body in Phase II?
  - a. How often does it meet, and where?
  - b. Has the makeup of the collaborative changed since Phase I? Who has left and who has joined?
  - c. What types of decisions are being made by the collaborative? How would you describe the process by which the collaborative makes decisions? Is it efficient and effective? How could it be improved? Can you give a specific example of such a decision?
  - d. Are there any key agencies that aren't collaborating, and if so, how do you think this might affect project implementation?
  - e. Are there currently subcommittees? If so, how often do they meet and what have they been working on? If not, why not?
  
3. What has been the staffing of the local Defending Childhood Initiative?
  - a. Who is part of the core management team?
  - b. What new staff have you hired, and what are their roles?
  - c. Has there been any turnover in coordinators, researchers, etc.?
  - d. Have staffing issues affected the initiative? If so, in what ways?
  
4. How has implementation been going so far?

- a. What parts of your strategic plan have already been implemented?
  - b. What have been some of the barriers/challenges to implementation? Have you overcome those barriers, and if so, how? If not, what do you think you might need to overcome them?
  - c. Have you had to abandon any of your planned activities or change your target populations in any way? Why?
  - d. Have the assumptions you made about target population and needs Phase I have been confirmed?
5. What have been some of the identified successes thus far?
- a. Why do you think they were successful?
  - b. Aside from Defending Childhood resources, what additional money/staff/political capital were involved?
6. Tell me your community awareness activities or campaigns.
- a. Who has been involved in these activities? (organizations, PR companies)
  - b. What are its primary messages, and how were those messages chosen? How have you gotten those messages out?
  - c. Who has been your target audience so far, and do you feel like you've been reaching that audience? If so, how have you done so? If not, what have the challenges been to reaching them?
  - d. Does the collaborative track how many people have been reached by various community awareness activities? If so, how?
  - e. How many people have you reached so far? How do you know that? How many times do you want your target to see/hear the message? How many times has the message been broadcast/printed/aired/etc.?
  - f. What have been some additional challenges to getting your message out?
  - g. Do you have a sense of how the messaging is being received? Is it having its intended effect on its audience?
  - h. How will the messaging or strategies change or continue in the next future?
  - i. Can I have a copy of any campaign materials (e.g., brochures, photos of billboards, PSAs, cds of radio spots, etc.)?
7. Tell me about your professional training activities.
- a. How many trainings have you held, where were they held, and what were the topics? Who ran the trainings? How long did they last?
  - b. How did you reach out to people to invite them to attend? How was the attendance? Who was your target audience and who came? What were challenges in recruitment?
  - c. What has the feedback on the trainings been? If it has been positive, what made them successful? If it has been negative, what made them unsuccessful?
  - d. Now that you've implemented some trainings, do you feel like there are additional groups that weren't previously identified that you want to reach out to for training? Additional topics?
  - e. Can I have a copy of any training materials you've distributed?
8. Has the collaborative created universal screening or assessment instruments and protocols?

- a. What was the process of creating these? Who was involved?
  - b. Can I get a copy of the final/latest draft?
  - c. Have you been successful in getting agencies to use these new instruments/protocols? How many organizations have adopted them? What is your goal for number of agencies that use them?
  - d. What is the timeline for getting these agencies to be using these instruments?
  - e. What have been some of the challenges related to screening and assessment thus far?
  - f. Are the agencies sending their data to a central location for analysis/reporting? What are you doing with the data collected? Have there been any findings from these tools that could be useful to the field in terms of better understanding children who have been exposed to violence?
  - g. What about other policy or protocol changes? (probe on data sharing, systems response, etc.)
9. What prevention programs have been implemented to date? By prevention programs, I mean direct primary or tertiary prevention programs designed to prevent children's exposure to violence.
- a. Where are these programs taking place, and who is running them?
  - b. What is the role of the Defending Childhood Initiative in these programs (e.g., funder, provide other support, running it, etc.)?
  - c. If you were able to get schools involved, how were you able to do so? If you weren't, what have the challenges been? Are they able to be addressed?
  - d. What are these programs? Are they evidence-based? What are the topics they are addressing?
  - e. What are the goals and how is success defined?
  - f. Are you doing any local evaluation of these programs? If so, how are you evaluating them, and what have been some of the results?
  - g. What have been some successes of implementing these programs? What have been some challenges?
- (Question 10 is more for the actual organizations running the prevention programs.)*
10. I'd like to know more about these prevention programs.
- a. How often do the programs meet, for how long each time, and for how long will the program run?
  - b. Who is the population being reached? How are participants being recruited? What are the eligibility requirements and how are they screened?
  - c. How many did you intend to serve, and how many are actually being served? If there is a gap in the program's intended and actual reach, why do you think this is? Is there a plan to recruit more program participants?
  - d. How many people have dropped out? Why did they leave the program?
  - e. Have you had people decline participation? Why?
  - f. How many staff members are involved, and what qualifications do they need to run these programs?
  - g. How have participants reacted to the program? How about the staff?

11. What intervention programs or services have been implemented through the Defending Childhood Initiative to date? By intervention, I mean direct intervention services or programs for children who have been exposed to violence.
- Where are these programs/services taking place, and who is running them?
  - Is this location accessible to the target audience (i.e., does public transportation access the facility and is parking available?)?
  - What is the role of the Defending Childhood Initiative in these programs (e.g., funder, provide other support, running it, etc.)?
  - What are these programs/services? Are they evidence-based? What are the goals and how is success defined?
  - Are you doing any local evaluation of these programs? If so, how are you evaluating them, and what have been some of the results?
  - What have been some successes of implementing these programs? What have been some challenges?

*(Question 12 is more for the actual organizations running the intervention programs.)*

12. I'd like to know more about these interventions.
- How long do these interventions last, and how often does the child/family participate?
  - Who is the population being reached? How are participants being recruited? What are the eligibility requirements and how are they screened?
  - How is confidentiality maintained?
  - What factors do the clients have in common?
  - What types of violence have the clients been exposed to?
  - How many did you intend to serve, and how many are actually being served? If there is a gap in the program's intended and actual reach, why do you think this is? Is there a plan to recruit more program participants?
  - How many people have dropped out? Why did they leave the program?
  - Have you had people refuse services? Why do you think they refused?
  - How many staff members are involved, and what qualifications do they need to run these programs?
  - How have participants reacted to the program? How about the staff?

13. What are the next steps in the implementation plan?
- What is the timeline for implementing the other parts of your plan?

14. What have been additional obstacles your local Defending Childhood Initiative has encountered?
- Where are there still major gaps in prevention, intervention, awareness?
  - What additional challenges have you faced? (probe on each of the following: political will, resources, organizational support, agency turf battles, interagency data sharing and collaboration, etc.)
  - How has the move from being a 3-year initiative to a 2-year one changed your strategies, target population, etc.?

15. Have you asked for help from the technical assistance provider, Futures Without Violence?

- a. If so, what types of assistance have you requested? (probes: guest speakers, help designing professional training, help regarding media campaigning, technical information about the effects of violence exposure on children, facilitation, etc.)
  - b. What has the response been to your requests? (probes: responsiveness, timeliness, helpfulness)
  - c. What types of assistance do you think you may ask of them in the future?
16. Have you asked for help from the technical assistance provider, Futures Without Violence?
- a. If so, what types of assistance have you requested? (probes: guest speakers, help designing professional training, help regarding media campaigning, technical information about the effects of violence exposure on children, facilitation, etc.)
  - b. What has the response been to your requests? (probes: responsiveness, timeliness, helpfulness)
  - c. What types of assistance do you think you may ask of them in the future?
17. What are your plans for sustainability past the 2-year grant period?
- a. What parts of the initiative do you think are sustainable without additional funding?
  - b. What parts of the initiative do you think are not sustainable or will likely go away?
  - c. Have you been looking for funding elsewhere to support the initiative? If so, where?



## Appendix C

### Sample Quarterly Implementation Report

#### THE DEFENDING CHILDHOOD INITIATIVE: QUARTERLY IMPLEMENTATION REPORT

[QUARTER DATE]

**INSTRUCTIONS:** Fill in the information below for all Defending Childhood activities from October 1-December 31, 2013.

Please submit electronically by January 15, 2014.

#### **COLLABORATIVE BODY MEETINGS:**

List the date, time, and number of participants for all collaborative meetings during this quarter. If no meetings took place, type "None."

	<b><u>Group/ Committee Name</u></b>	<b><u>Meeting Date</u></b>	<b><u>Meeting Time</u></b>	<b><u># of Participants</u></b>
<i>Example 1</i>	<i>Full Collaborative Body</i>	<i>10/15/2011</i>	<i>1:00 p.m.-3:00 p.m.</i>	<i>15</i>
<i>Example 2</i>	<i>Prevention Committee</i>	<i>12/1/2011</i>	<i>9:00 a.m.-11:00 a.m.</i>	<i>5</i>

#### **PROFESSIONAL TRAININGS:**

List the date, time, number of participants, audience, topic, and description for all trainings during this quarter. If no trainings took place, type "None."

	<b><u>Training Name</u></b>	<b><u>Event Date</u></b>	<b><u>Event Time</u></b>	<b><u># of Participants</u></b>	<b><u>Audience</u></b>	<b><u>Event Topic</u></b>	<b><u>Description</u></b>
<i>Example 1</i>	<i>Identifying the Effects of Children's Exposure to Violence (CEV)</i>	<i>11/2/2011</i>	<i>9:00 a.m.-12:00 p.m.</i>	<i>30</i>	<i>Home Visiting Nurses</i>	<i>Effects of CEV</i>	<i>Home visiting nurses were trained on how to identify the effects of CEV.</i>
<i>Example 2</i>	<i>TFCBT Provider Training</i>	<i>12/1/2011</i>	<i>10:00 a.m.-4:00 p.m.</i>	<i>12</i>	<i>Mental Health Providers</i>	<i>TFCBT</i>	<i>Mental health care providers were trained in TFCBT techniques.</i>

**COMMUNITY AWARENESS/EDUCATION EVENTS:**

List the date, time, number of participants, audience, topic, and description for all community events during this quarter. If none, type "None."

	<u>Event Name</u>	<u>Event Date</u>	<u>Event Time</u>	<u># of Participants</u>	<u>Audience</u>	<u>Event Topic</u>	<u>Description</u>
<i>Example 1</i>	<i>City Council Meeting</i>	<i>11/15/2011</i>	<i>6:00 p.m.-6:15 p.m.</i>	<i>25</i>	<i>City Council Members</i>	<i>Defending Childhood Initiative</i>	<i>City Council Members were given a brief description of DCI and how it will be implemented in the community.</i>
<i>Example 2</i>	<i>Community Summit</i>	<i>12/15/2011</i>	<i>12:00 p.m.-2:00 p.m.</i>	<i>150</i>	<i>Adult Community Members</i>	<i>Community Violence</i>	<i>Community members discussed results of the community needs assessment.</i>

**PUBLICATIONS/MATERIALS:**

List the type, topic, number distributed, and audience for all publications and materials distributed this quarter. If none, type "None."

	<u>Publication Name</u>	<u>Type</u>	<u>Topic</u>	<u># Distributed</u>	<u>Audience</u>
<i>Example 1</i>	<i>Teen Dating Violence Fact Sheet</i>	<i>Brochure</i>	<i>Teen Dating Violence Prevention</i>	<i>30</i>	<i>Teenagers</i>
<i>Example 2</i>	<i>Defending Childhood Newsletter</i>	<i>Newsletter</i>	<i>Update on program activities</i>	<i>250</i>	<i>School staff and parents</i>

**DIRECT SERVICES:**

List the type, total number of hours provided, recipients, and number of recipients for all direct services provided during this quarter. If none, type "None."

	<u>Type</u>	<u>Total # of Hours Provided</u>	<u>Recipients</u>	<u># of Recipients</u>	<u>Total # of individuals screened for services (if applicable)</u>
<i>Example 1</i>	<i>Cognitive Behavioral Therapy</i>	<i>10 hours</i>	<i>Children, Ages 8-12</i>	<i>5</i>	
<i>Example 2</i>	<i>DV Crisis Intervention Services</i>	<i>2 hours</i>	<i>Adult victims of DV</i>	<i>30</i>	

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**POLICIES, PROTOCOL, AND PROCEDURE CHANGES:**

*Please describe any policies, protocol, and procedure changes. Include the type of change, when the change was implemented, and who or what was affected. If none, type "None."*

*Example 1 Beginning in January, the local law enforcement was required to report when a child witnessed a violent crime.*

*Example 2 In December, all agencies represented on the collaborative adopted a universal screening tool for CEV.*

**OTHER:**

*Please describe any other activities or events not listed above. Includes date, time, number of participants, and audience where applicable.*

*Example 1 During October we held a poster contest for public high school youth. The winning poster was disseminated to 50 public high schools.*

*Example 2 During December we issued an RFP for a public relations firm to design the community awareness campaign.*